Healthcare Coalition Support Plan
Triad Healthcare Preparedness Coalition
Created February 1st, 2016
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I. Introduction

A. Purpose

To provide a basic organizational structure with operational guidelines for the provision of ESF #8 support across the Healthcare Coalition. It is built upon a scalable, flexible, and adaptable coordinating structure to align key roles and responsibilities of the partners within the Healthcare Coalitions in North Carolina.

B. Approval Authority

This plan requires the approval of the membership of the Triad Healthcare Preparedness Coalition.

II. Objective and Goals

To provide a reliable framework for healthcare partners, coalitions, and the SMRS to prepare for, respond to, and recover from, a disaster or major event. Response goals of the Triad Healthcare Preparedness Coalition are to:

- Facilitate information sharing among healthcare organizations and jurisdictional authorities to promote common situational awareness.
- Facilitate resource support by expediting the mutual aid process or other resource sharing arrangements among Coalition members, and supporting the request and receipt of assistance from local, State, and Federal authorities.
- Facilitate the coordination of incident response actions for the participating healthcare organizations so incident objectives, strategy, and tactics are consistent for the healthcare response.
- Facilitate the interface between the Healthcare Coalition and relevant jurisdictional authorities to establish effective support for healthcare system resiliency and medical surge.

III. Concept of Operations

A. Organization

In accordance with National Incident Management System (NIMS) principles and guidance provided by the Assistant Secretary for Preparedness and Response (ASPR) concerning medical surge capacity and capability, the healthcare partners and coalitions in North Carolina utilize a tiered structure for response and recovery operations. Key points for operations within this structure include:
- Response to an event may be initiated at any level of organization and should follow the plans, policies, and procedures applicable at the level of response.
- Incidents must be managed at the lowest possible jurisdictional level and supported by additional capabilities from the next higher tier when needed.

The diagram below displays the relationship of healthcare organizations within the hierarchy of health and medical support of local, regional, and State government and/or jurisdictions.

| Overview of Health/Medical Support in the State Medical Response System (SMRS) |
|---------------------------------|------------------------------------------------------------------|
| **Tier 1**                      | **Organization**: Hospital, Nursing Home, Clinic, etc.             |
|                                 | **Level of Response**: Internal and mutual aid                    |
|                                 | **Info Sharing**: Tier 2                                          |
|                                 | **Resource Support**: Tier 2 (through Local EM).                   |
| **Tier 2**                      | **Organization**: Healthcare Preparedness Coalition                |
|                                 | **Level of Response**: Local to State-wide (when SMRS activated)  |
|                                 | **Info Sharing**: Tier 3 & 4                                      |
|                                 | **Resource Support**: Tier 2 & 4 (through ESF-8 Desk)             |
| **Tier 3**                      | **Organization**: Local/Region EM agencies                          |
|                                 | **Level of Response**: Local to State-wide (when RCCs activated)  |
|                                 | **Info Sharing**: Tier 1-4                                        |
|                                 | **Resource Support**: Tier 2 (Local) & Tier 4 (Regional)           |
| **Tier 4**                      | **Organization**: NCOEMS - HPR&R Program                           |
|                                 | **Level of Response**: Regional to State-wide                     |
|                                 | **Info Sharing**: Tier 2 & 3                                      |
|                                 | **Resource Support**: Interstate (Region IV) & Federal             |

Local Healthcare Organizations

Healthcare Preparedness Coalition (RHC)

EM Jurisdictions Regional Coordination Center

State EOC (24 hr. Operations and ESF-8 Desk)
Tier 1 – Local agencies and healthcare organizations that deliver “point of service” medical care within a municipal, geographic, or healthcare delivery area. In response to/recovery from emergency or disaster events, these organizations are expected to:

1. Notify Tier 2 and/or 3 organizations of the event. Refer to Notification-Process.
2. Execute internal plans and agreements to utilize their resources and the resources of their mutual aid partners to mitigate event hazards.
3. Request additional support/resources, as necessary, to mitigate the disruption of service within healthcare delivery area. Refer to Section IV Assets and Resource Requests.

Tier 2 – Regional coalitions of healthcare partners that share health/medical information and resources within their established Healthcare Preparedness Region. In response to/recovery from emergency or disaster events, these organizations are expected to:

1. Notify appropriate Tier 3 and/or 4 organization(s) of the event. Refer to Notification-Process.
2. Execute regional health/medical plans and agreements to:
   a. Share incident information,
   b. Exchange resource status information to support mutual aid,
   c. Interface with local/regional jurisdictional authorities to exchange information,
   d. Provide health/medical and logistic resources to support Tier 1 (local), Tier 2 (other coalitions), Tier 3 (local/regional emergency management jurisdictions), and Tier 4 (State ESF-8) organizations as necessary to mitigate event hazards.

Tier 3 – Local/regional agencies with jurisdiction over the impacted areas and overall responsibility for response/recovery and support operations. In response to/recovery from emergency or disaster events, these organizations are expected to:

1. Notify appropriate Tier 2 and/or 4 organizations of the event.
2. Execute local/regional emergency operations plans and agreements to mitigate event hazards.
3. Coordinate, as appropriate, with Tier 1, 2, or 4 organizations for the provision of health/medical information and resources.
4. Receive, stage, and execute local/regional requests for health/medical support from Tier 1, 2, or 4 organizations

Tier 4 – State-level health/medical (ESF-8) organizations that support Tier 1-3 organizations by managing statewide and sub-State regional coordination of the healthcare response. In response to/recovery from emergency or disaster events, these organizations are expected to:
1. Notify Tier 2 organizations of the event.
2. Execute state health/medical plans and agreements to mitigate event hazards in coordination with Tier 2 and Tier 3 organizations.
3. Coordinate, monitor, and support the sharing of health/medical information and provision of state-level ESF-8 resources within one or more Healthcare Preparedness Regions.

B. Role and Authority

The Regional Healthcare Support Cell (RHSC) of the Triad Healthcare Preparedness Coalition operates as an extension of the North Carolina Office of Emergency Medical Services, Healthcare Preparedness, Response, and Recovery Program (NCOEMS-HPR&R). As such, it serves as the initial and primary center for the coordination of State Medical Response System (SMRS) information and resources at the regional level in fulfillment of the Coalition’s stated response goals.

The Regional Healthcare Preparedness Coordinator (HPC) or their designee has the authority to implement this plan. However, the coordination of health and medical support outlined in this plan will not supersede the municipal, county or state emergency operation plans or institutional plans, nor will it direct local agency efforts.

It is anticipated that many activities of the RHSC may be performed “virtually” outside of this physical location utilizing telephone, radio, e-mail, and other computer-based communications systems available.

C. Notification Triggers

Notification to activate this plan should be made to the Triad Healthcare Preparedness Coalition Regional Support Cell whenever a member organization of the Triad Healthcare Preparedness Coalition anticipates or is experiencing an emergency or other event that is beyond the organizations capability/capacity to mitigate. Examples include:

- Potential or currently occurring infrastructure issue impacting the facility/agency (Examples: fire, power failure, chiller failure, phone/radio failure, etc)
- Potential or currently occurring clinical issues that might require outside assistance (Examples: MCI/Surge, ED Closure, equipment shortages)
- Expected or Unexpected opening of the organization’s EOC or Command Center
- A significant event is planned which could require action on the part of the Coalition and/or its partners.
- Any issue where assistance may be needed in communicating an organization’s situation to the Region/State (Examples: Situation reporting)
Notification should be made to… Notification should be made to the Triad Regional Healthcare Support Cell 24-hour Emergency Contact number – (336) 701-6080. Upon receiving such notification, RHSC staff will perform the following actions:

- Obtain current situation.
- Determine who has already been contacted
- Determine need from calling agency
- Obtain return contact information
- Activate the Support Cell Staff when appropriate.

D. Notification Process

1. When an event meeting one or more indicators or triggers above originates from within the Coalition, the affected organization will contact their RHSC at the earliest possible time and provide Essential Elements of Information as available (refer to Section V - Information Sharing).

   - If for any reason the HPC/RHSC staff is unavailable…. If for any reason the HPC/RHSC staff is unavailable, contact will be made with either the Mountain Area Trauma Regional Advisory Committee or with the Metrolina Healthcare Preparedness Coalition to assist.

   a. The HPC/RHSC staff will evaluate the information and determine if activation of the RHSC is necessary (refer to Appendix A: RHSC Activation) and other appropriate actions for resolution:

      i. Resource requests, refer to Section IV – Assets and Resources
      ii. Situation reporting, refer to Section V – Information Sharing

   b. The HPC/RHSC staff will notify the NCOEMS-HPR&R and all appropriate Coalition partners in accordance with Section V of this plan.

   c. The HPC/RHSC staff will generate and distribute a situation report in accordance with Section V of this plan.

2. When an event meeting one or more indicators or triggers above originates from outside of the Coalition:

   a. The HPC/RHSC staff receiving notification will contact the HPCs of all other Coalitions to provide notification of the event.

      i. At the discretion of the Coalition representatives, information from the source agency may be distributed as received, or situation report(s) may be generated and distributed as mutually agreed upon.

E. Operations and Reporting:
If the RHSC is activated, the assigned staff will facilitate the execution of health/medical resource and information requests and perform the following operations as tasked and in coordination with appropriate emergency management agency and NCOEMS-HPR&R:

1. Monitor (continue to monitor) communications systems for to maintain situational awareness and requests for resources. Refer to Section VI – Communication

2. Facilitate (continue to facilitate) mutual aid/requests for health/medical resources as necessary. Refer to the Assets and Resources below and Appendix B: Resource Requests

3. Participate in NCOEMS-HPR&R conference calls at 1100, if SEOC ESF-8A Desk is activated or as otherwise scheduled by NCOEMS-HPR&R

4. Complete, submit, and post the ESF-8A Situation Report at 0700 and 1900. Refer to Section V – Information Sharing

5. Activate and deploy functional SMRS teams/assets as tasked through the SEOC ESF-8A Desk and/or NCOEMS-HPR&R. Refer to Appendix C: SMRS Team Activation and Deployment

IV. Assets and Resource Requests

When an emergency or other event occurs that triggers the activation of this plan, affected Coalition member organizations may request assets and resources necessary to maintain their health and medical capacity and capability. Coalition members should use the decision matrix below to guide resource request decisions.

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Response Situation</th>
<th>Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned or Non-emergency</td>
<td>Event affects/will affect some healthcare operations but does not cause the activation/require the support of the Local EMA.</td>
<td>Request resources directly from Healthcare Preparedness Coalition – (refer to Notification above and Attachment 5)</td>
</tr>
<tr>
<td>Emergency</td>
<td>Event disrupts healthcare infrastructure or operations and mutual aid has been utilized or unavailable.</td>
<td>Request resources from Healthcare Preparedness Coalition through Local EMA (refer to Resource Request Process below)</td>
</tr>
</tbody>
</table>

A. Resource Request Process:
Health and Medical Resource Request Algorithm

- An event/incident, medical/public health emergency, or other health or medical need occurs at the local or regional level that overwhelms local or regional health and medical capabilities.

- Local healthcare organizations that anticipate a need for support will activate existing mutual aid or similar agreements with surrounding entities and organizations for initial support (hospital mutual aid agreement, county-to-county mutual aid agreement, etc).
  - If the mutual aid support is not adequate to fulfill the need, the local agency or organization will contact local emergency management with the request for support or anticipated support.

- Based on the identified needs of the local infrastructure, local emergency management will contact the NCEM 24 hour operations center to request and coordinate the support from the geographically appropriate healthcare preparedness region.

- Per established operations guide, NCEM 24 hour operations center will contact directly the appropriate healthcare preparedness region with request.
  - The healthcare preparedness region will activate and deploy resource or asset per request.
  - Update NC Hospital WebEOC as appropriate regarding status (i.e. deployed, on site, operational, demobilized).

- For situational awareness, NCOEMS will notify the Emergency Services Group of the activation or deployment of local resources and ensure NC Hospital WebEOC is updated.

- Based on completion of support request, event is concluded or escalated through the NCEM 24 hour operations center protocol for state level activations.

B. Request Administration and Reimbursement

Refer to Attachment 4: Requesting NC SMRS Assets During an Emergency

C. Assets and Resources Available for Request

Refer to Attachment 5: Triad Healthcare Preparedness Coalition Resource Listing or contact HPC/RHSC staff.
V. Information Sharing

A. Overview

The ability to effectively support and sustain healthcare operations during an emergency or in preparation for other significant events is dependent on the establishment of a timely and accurate common operating picture through situation reporting.

Triad Healthcare Preparedness Coalition members are expected to share information through situation reporting whenever an emergency or other event triggers the activation of this plan (refer to Notification-Triggers). The Triad HPC or their designee will initiate situation reporting at the Coalition-level.

- Planned/Non-Emergency Events (events that do not require the support or activation of the Local EMA): Coalition member organizations should report these events to the Healthcare Preparedness Coalition as they deem necessary and in a format and on a schedule mutually agreed to by the RHSC.

- Emergencies and all other Events: Coalition member organizations should make initial reports to their Local EMAs in accordance with local policies and procedures, and then report to the RHSC in accordance with Notification-Process above and this section.

B. Process (Information Validation)

Once reporting has been initiated (refer to Notification-Process) all coalition partners contributing to the development of a common operating picture, including the RHSC, will:

- Identify and gather essential elements of information relative to the event
- Verify information to the extent possible
- Transmit or otherwise deliver the information utilizing the format established by the HPC or their designee utilizing available systems (VIPER, NCWebEOC, SMARTT, Email, phone, etc.).
- Confirm successful delivery of information

C. Essential Elements of Information

Elements of information to be provided in situation reports may include but are not limited to:

- Agency or jurisdiction Emergency Operations Center activation
• Health and safety concerns
• Facility or agency operating status
• Points of contact and operational communications system(s)
• Facility structural integrity
• Status of evacuations/shelter in-place operations
• Critical medical services status (e.g., trauma, critical care)
• Critical service status (e.g., electric, water, sanitation, heating, ventilation, and air conditioning)
• Critical healthcare delivery status (e.g., surge status, bed status, deaths, medical and pharmaceutical supplies, and medical equipment)
• Staffing status
• Emergency Medical Services (EMS) status involving patient transport, tracking, and availability

D. Report Format

Verbal or written situation reports (Sitreps) which include essential elements of information will be the primary means for establishing and maintaining a common operating picture during an emergent, or significant pre-planned event. Coalition member organizations will utilize the provided Situation Report Template for these reporting purposes, see Attachment 8: Situation Report.

E. Dissemination of Information

1. Organizations

To further ensure a common operating picture, including the de-confliction of resource requests, information provided via situation reporting may be shared with the following organizations:

• Local and State Emergency Management
• Healthcare Organizations (e.g., hospitals, clinics, large corporate medical provider organizations and urgent care centers)
• Local and State Emergency Medical Services
• Local and State Public Health
• Local and State Law Enforcement
• Fusion Centers
• Tribal Organizations
• Organizations managing functionally or medically frail populations
• Fire Services
• Federal Agencies

2. Contacts

Attachments 1-3, and 6, 7, and 11 of this Plan (listed below) should be utilized to assist with the information sharing process:

  Attachment 1: North Carolina Healthcare Preparedness Coalition Map
  Attachment 2: Healthcare Coalition Map
  Attachment 3: North Carolina Division of Emergency Management Map
  Attachment 6: State and Coalition Partners
  Attachment 7: Coalition Partner Contacts
  Attachment 11: Public Health Preparedness Contacts

3. Information Handling – Operational

The HPC, or HPCs collectively representing the Coalition shall be responsible for final validation of information and completion of the Sitrep, establishing the distribution list and distribution of document(s), and maintaining documents for record.

Healthcare partner representatives to the Coalition shall be responsible for the dissemination of information to relevant personnel, agencies, and organizations, in accordance with other applicable sections of this Plan.

4. Information Handling – Public

The dissemination of information to the public through press release or other media shall be at the discretion of each agency or jurisdiction. Coalition partners are urged to establish and maintain policies, procedures, and qualified personnel to provide information to the public.
While the Healthcare Coalitions possess no authority to restrict the release of information to the public by an agency or organization, it is the intent of the Triad Healthcare Preparedness Coalition to promote and support the sharing of accurate, relevant, and timely essential elements of information resulting from a unified coalition perspective.

VI. Communications and Information Systems

A. General

Triad HPC maintains a wide range of communication and information system resources for the use of RHSC staff and coalition member organizations to ensure that a common operating picture can be maintained within the coalition at all times. These resources provide redundant and interoperable system for voice communication, document/data transmission, and event/incident management purposes including situational awareness and reporting, messaging and mission coordination, mapping, and inventory/asset management. As a rule, information may be delivered using any appropriate mode available for use that can effectively transmit it.

1. Voice Communications

Primary modes available for voice communication include VOIP (Voice Over Internet Protocol) telephones, text-capable phones, 800mHz radio (VIPER), satellite telephones, and the Plain Old Telephone System (POTS). These resources may be utilized for initial situation reporting and all other purposes and provide additional capabilities. Text-capable phones (text communication), satellite phones, and the POTS allow communication in situations where the power is out. VIPER radio provides statewide interoperable communication between the RHSC, hospitals, community health centers, and SMRS units.

Incident-specific communications plans for the transmission of two-way, real-time messaging should be established using an ICS form 205 in accordance with the Attachment 9: North Carolina SMRS Initial Communication Guidance.

2. Document/Data Transmission

Primary modes available for document/data transmission include email, ServNC, Healthcare WebEOC, and FAX. Additionally, ServNC, and Healthcare WebEOC provide File Libraries that may be utilized for the storage and sharing of response related documents. Document transmission via FAX is limited to hardcopy documents but is an option when the power is out.
3. Situation Awareness and Reporting

Primary modes available for maintaining situational awareness, reporting, tracking missions include Healthcare WebEOC, SMARTT, and NCSPARTA (WebEOC). Healthcare WebEOC provides status dashboards for hospitals and SMRS units and SMARTT provides emergency notification, information query, and bed/resource status capabilities. NCSPARTA provides the sole interface with Emergency Management event/incident status and operations and is accessible through Healthcare WebEOC.

4. Mission Messaging and Coordination

Primary modes available for mission messaging and coordination include email and ServNC. Email may be utilized for the initial and informal aspects of this capability while ServNC is utilized for the formal notification, activation, rostering, and deployment of SMRS volunteers.

5. Mapping and Facility Information

The primary mode available for the mapping and acquisition of local information of areas/facilities affected by incidents or events is the Multi-Hazard Threat Database (MHTD). The MHTD may be utilized to obtain exact locations and facility information for all regulated healthcare facilities, including EMS agencies. It is accessible through Healthcare WebEOC.

6. Inventory and Asset Management

The primary mode available for inventory control and asset management is the Inventory Control and Asset Management (iCAM) system. iCAM is utilized for the tracking of equipment and resources and resupply of all SMRS units. Refer to Appendix F: SMRS Team Resupply Operations for additional information.

[OPTIONAL] For more specific discussion of communication resource utilization, priority of use, and quick-reference guides see, Appendix D: Triad HPC Regional Healthcare Support Cell Communications Plan.

VII. Recovery

A. Demobilization

Demobilization involves the return of resources and information to their home organizations once response and recovery objectives have been achieved and includes the:
• Release of personnel and equipment assets which are no longer needed;
• Collection of health records/reports and coordination with support agencies for continued response, care, or monitoring;
• Collection of fiscal and administrative documents generated as part of the response; and,
• Collection of response performance/evaluation reports, After Action Reports, and development of Corrective Action Plans.

1. Assessment & Decision to Demobilize

Assessments of the situation on site and decisions to demobilize will typically be made by the designated Incident Commander. However, SMRS staff assigned to the deployed resource and, depending on the situation, the HPC, RHSC staff, and staff assigned to the SEOC ESF-8 Desk may also contribute to these decisions.

2. Incident Demobilization Planning and Implementation

Planning for demobilization should begin once resources and assets are on site and operational. Plans developed by the DUL and the DT should address the collection and disposition of health records, administrative documents, and be consistent with SMRS Incident Demobilization Planning Guidance, see Appendix E. A copy of the completed demobilization plan should be forwarded to the SEOC ESF-8 Desk prior to demobilization.

Implementation of the demobilization plan should begin with notification from the Incident Commander however, the order may be delivered through the SEOC ESF-8 Desk. The HPC and/or RHSC staff should coordinate with the DT to provide any assistance with the execution of the demobilization plan including any resource needs and the time frame for demobilization.

3. Incident Evaluation & Closeout

Once deployed personnel are identified for demobilization they must receive a debriefing of incident events and provide feedback on their performance during the response. This information must be provided/collection whenever SMRS teams/personnel are released from the incident scene and at the close of incident operations.

Refer to the Demobilization section of Appendix E: SMRS Team Demobilization and Recovery for the roles, responsibilities, and processes as they relate to this section.

B. Reimbursement

As requested assets and resources are demobilized, reimbursement may be sought from the agencies, jurisdictions, and/or organizations which have requested the support
provided. The RHSC/HPC will facilitate the reimbursement process for deployment of Healthcare Preparedness Coalition resources for local, regional, and state activations.

For local or regional deployments, not assigned through the SEOC, the RHSC/HPC will collect and forward all required reimbursement documentation related to the request and deployment of resources/assets (invoice for services, etc.) to the requesting party for review and payment.

For all SEOC-assigned deployments, the RHSC/HPC will complete or assist in the completion of a Mission Reimbursement Workbook. This workbook will be used by staff deployed with the resource/asset to capture operational costs and expenditures. Upon demobilization, the completed workbook will be submitted to NCOEMS within 25 days for review and approval and then forwarded by NCOEMS to NCEM for reimbursement no later than 30 days after resource/asset demobilization.

Refer to the Reimbursement section of Appendix E: SMRS Team Demobilization and Recovery for the roles, responsibilities, and processes as they relate to this subject and a copy of the Mission Reimbursement Workbook.

C. Reimbursement Dispute Resolution

If a dispute regarding reimbursement arises between a requesting member jurisdiction and a responding member jurisdiction they should make every effort to resolve the dispute to the mutual satisfaction of all parties. If the parties are unable to resolve the dispute, the member jurisdiction asserting the dispute shall provide written notice to the other identifying the reimbursement issues in dispute. NCOEMS and NCEM shall serve as arbitrators in the dispute resolution.

D. Behavioral and Mental Healthcare Support

The RHSC/HPC will facilitate reporting of and requests for behavioral and mental health support including, but not limited to, psychological first aid, critical incident stress management, and clinical psychological services. Services may be provided for responders, survivors, and families, but are limited to those that are beyond a healthcare organizations ability to provide internally.

The manner in which the RHSC/HPC facilitates this support will be situation-dependent. In most situations, the RHSC/HPC will work in coordination with the Disaster Coordinator (DC) of the appropriate regional Local Management Entity/Managed Care Organization (LME/ MCO) to provide support and reporting and requests will be managed in accordance with the procedures established above for sharing information and requesting resources.

In situations of need which are not currently emergent, limited to individual facilities, and do not trigger a response from local emergency management, the RHSC/HPC may contact the behavioral health service provider directly.
Refer to Attachment 10: Behavioral and Mental Health Support for roles, responsibilities, and contact information for LME/MCO Disaster Coordinators and other behavioral health service providers.

VIII. Plan Development and Maintenance

A. Plan Evaluation Policy

This plan will be reviewed in conjunction with the annual review and revision of the Coalition’s Hazard Vulnerability Analysis (HVA) to validate that it reflects the concerns derived from the HVA.

B. Plan Revision Policy

This plan is a “living document” and will be updated periodically to reflect changes in the Coalition’s preparedness and response goals. Revisions will also be made as a result of exercise-generated Improvement Plans.
IX. Attachments and Appendices
A. Attachment 1: North Carolina Healthcare Preparedness Coalitions (HPC)
B. Attachment 2: Healthcare Coalition Map
C. Attachment 3: North Carolina Division of Emergency Management Map
D. Attachment 4: Requesting NC SMRS Assets During an Emergency

Overview: North Carolina is fortunate to have significant ESF 8 resources that have been funded by HRSA and ASPR within the State Medical Response System (SMRS). These ESF 8 resources are housed with various agencies across the state in a number of organizations that include, but are not limited to: EMS agencies, local emergency management, healthcare organizations, and state agencies. With this in mind, this document is intended to serve as guidance for accessing these resources in a timely fashion during an event. Assets and resources maintained at each of the eight Healthcare Preparedness Regions may be deployed during an emergency or disaster to meet the immediate needs of the healthcare infrastructure or provide health and medical support.

Process: Requests for immediate assistance will be made in accordance with the Health and Medical Resource Request Algorithm. For local agencies and healthcare organizations, the initial point of contact should always be the respective local emergency management agency. Based on the request and needs for support, the local coordinator through NCEM will contact the appropriate Regional Healthcare Preparedness Coordinator to assist with ESF 8 needs. Assets and resources can be provided as single resources or as packages and may be accompanied by a Unit Leader unless transferred to the requesting agency or jurisdiction.

Administration and Reimbursement:

1. Pre-planned or special events: Federal HPP funding may not be utilized. The requesting jurisdiction or organization will be invoiced based on the established agreement with that healthcare preparedness region. That specific healthcare preparedness region must have:
   a. A plan in place to maintain the capability of that specific asset utilizing other assets or resources across the system, or
   b. A plan to recover the asset in the event the capability is needed to address an emergent event within the region or state.

2. Emergent events: The requesting jurisdiction or organization should be prepared to incur the following expenses related to request and deployment of an asset or resource locally:
   a. For fuel for those assets or resources that utilize fuel for operation,
   b. For any damage sustained by asset or resource,
   c. For usage of disposable medical supplies or goods.

For events that require deployment of personnel packages in excess of the HPP-funded program or healthcare preparedness regional staffs, approval and activation will be made by ESF 8/NCOEMS.

Note: An emergency declaration is often not made immediately and as such, the requesting organization or jurisdiction should be prepared to reimburse the above mentioned items. For events that escalate to state or federal declarations, reimbursement may not be required by the requesting organization or jurisdiction. Additionally, establishment of a mission number through North Carolina Division of Emergency Management does not automatically trigger SMRS activation, nor does an activation order automatically have a mission number associated.
E. Attachment 5: Regional Healthcare Coalition Resource Listing

This is a brief overview of the types of resources that are available through the Coalition and the State Medical Response System. As this is NOT an all-inclusive list, please contact your coalition for details and availability.

Last Updated: January 27, 2016

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
<th>Quantity</th>
<th>Maintained by the Triad HPC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response Trailers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Support Unit</td>
<td>3 or 4-bed patient treatment trailer</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Decontamination Trailer</td>
<td>Field decontamination tent, equipment, and PPE</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SMSSS Trailer</td>
<td>Special Medical Support Shelter supplies</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Magnum Generator</td>
<td>25 kw 3 phase generator, 500 gal NP water, 31 ft 4 lamp light tower</td>
<td>1</td>
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</tr>
<tr>
<td>Genie Light Tower</td>
<td>28 ft 4 lamp light tower 6 kw single phase generator</td>
<td>3</td>
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<tr>
<td><strong>Shelter and Shelter Support</strong></td>
<td></td>
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<tr>
<td>Western Shelter Tents</td>
<td>19 ft x 35 ft</td>
<td>8</td>
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<td>Western Shelter Tents</td>
<td>20 ft x 20 ft</td>
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<tr>
<td>HVAC Units</td>
<td>Trane Heating and Cooling Unit</td>
<td>9</td>
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<tr>
<td>Cots</td>
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<td>350</td>
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<tr>
<td>Hand Washing Stations</td>
<td>Portable foot-pump sinks</td>
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<tr>
<td><strong>Medical Supplies and Equipment</strong></td>
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</tr>
<tr>
<td>Zoll Monitors</td>
<td>Cardiac Monitor, Defibrillator, Pacer, 12-Lead, NI BP, SpO2, and EtCO2</td>
<td>10</td>
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</tr>
<tr>
<td>Welch-Allyn Monitors</td>
<td>Can be used as part of a telemetry system</td>
<td>12</td>
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<tr>
<td>Ventilators</td>
<td>LTV 1200s; Eagle Transport vents with BiPap</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Portable Suction</td>
<td></td>
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<tr>
<td>Oxygen Delivery System</td>
<td>Supports 36 beds</td>
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<tr>
<td>Long Backboards</td>
<td>Adult, pediatric, and infant</td>
<td>46</td>
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<tr>
<td><strong>Communications</strong></td>
<td></td>
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<tr>
<td>Satellite Communications</td>
<td>Supports VOIP phone system and WiFi internet</td>
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<tr>
<td><strong>Fatality Management</strong></td>
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<td></td>
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<tr>
<td>BioSeal System</td>
<td>Remains containment system for 250 persons</td>
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<tr>
<td>Refrigerated trailer</td>
<td>53 foot trailer. There are several across the state</td>
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<td>Cadaver Bags</td>
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<td><strong>Educational Supplies</strong></td>
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<tr>
<td>Inflatable manikins</td>
<td>Adult size</td>
<td>78</td>
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<tr>
<td>Inflatable manikins</td>
<td>Pediatric size</td>
<td>31</td>
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<tr>
<td>SMART Triage System</td>
<td>With 20 tags each</td>
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### F. Attachment 6: State and Coalition Contacts

#### Coalition and State Offices

<table>
<thead>
<tr>
<th>Office/Contact</th>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NC Office of EMS</strong></td>
<td>William C. Ray, MPH</td>
<td>Healthcare Preparedness, Response, and Recovery Program Manager</td>
<td><a href="mailto:william.ray@dhhs.nc.gov">william.ray@dhhs.nc.gov</a></td>
<td>(919) 855-3936</td>
</tr>
<tr>
<td></td>
<td>Brad Thompson</td>
<td>ESF#8 Liaison</td>
<td>@dhhs.nc.gov</td>
<td>(919) 855-4686</td>
</tr>
<tr>
<td></td>
<td>Wally Ainsworth</td>
<td>Central Regional Manager</td>
<td><a href="mailto:wally.ainsworth@dhhs.nc.gov">wally.ainsworth@dhhs.nc.gov</a></td>
<td>(919) 855-4678</td>
</tr>
<tr>
<td></td>
<td>Allen Johnson</td>
<td>Eastern Regional Manager</td>
<td><a href="mailto:allen.johnson@dhhs.nc.gov">allen.johnson@dhhs.nc.gov</a></td>
<td>(252) 355-9026</td>
</tr>
<tr>
<td><strong>North Carolina Office of Emergency Management</strong></td>
<td>Director Mike Sprayberry</td>
<td></td>
<td><a href="mailto:Michael.sprayberry@NCDPS.gov">Michael.sprayberry@NCDPS.gov</a></td>
<td>(919) 825-2291</td>
</tr>
<tr>
<td></td>
<td>Deputy Director Joe Wright</td>
<td></td>
<td><a href="mailto:Joe.wright@NCDPS.gov">Joe.wright@NCDPS.gov</a></td>
<td>(919) 575-4122</td>
</tr>
<tr>
<td><strong>North Carolina Office of Emergency Management</strong></td>
<td>Steve Powers</td>
<td>Central Branch Manager</td>
<td><a href="mailto:steve.powers@ncdps.gov">steve.powers@ncdps.gov</a></td>
<td>(919) 575-4122</td>
</tr>
<tr>
<td></td>
<td>Dianne Curtis</td>
<td>Eastern Branch Manager</td>
<td><a href="mailto:dianne.curtis@ncdps.gov">dianne.curtis@ncdps.gov</a></td>
<td>(252) 520-4923</td>
</tr>
<tr>
<td></td>
<td>Mike Cook</td>
<td>Western Branch Manager</td>
<td><a href="mailto:Mike.cook@ncdps.gov">Mike.cook@ncdps.gov</a></td>
<td>(828) 466-5555</td>
</tr>
<tr>
<td></td>
<td>Brian Barnes</td>
<td>Emergency Services Branch Manager</td>
<td><a href="mailto:Brian.barnes@ncdps.gov">Brian.barnes@ncdps.gov</a></td>
<td>(919) 825-2259</td>
</tr>
<tr>
<td></td>
<td>NCEM Area 1 – Camden, Chowan, Currituck, Dare, Gates, Hertford, Pasquotank, Perquimans</td>
<td>Brian Parnell Area Coordinator</td>
<td><a href="mailto:Brian.parnell@ncdps.gov">Brian.parnell@ncdps.gov</a></td>
<td>(252) 340-6325</td>
</tr>
<tr>
<td></td>
<td>NCEM Area 2 – Beaufort, Bertie, Hyde, Martin, Pitt, Tyrrell, Washington</td>
<td>Charles Tripp Area Coordinator</td>
<td><a href="mailto:Charles.tripp@ncdps.gov">Charles.tripp@ncdps.gov</a></td>
<td>(252) 558-5443</td>
</tr>
<tr>
<td></td>
<td>NCEM Area 3 – Carteret, Craven, Greene, Lenoir, Pamlico, Wayne</td>
<td>Melissa Greene Area Coordinator</td>
<td><a href="mailto:Melissa.greene@ncdps.gov">Melissa.greene@ncdps.gov</a></td>
<td>(252) 933-7315</td>
</tr>
<tr>
<td>NCEM Area 4 – Cumberland, Duplin, Jones, Onslow, Pender, Sampson</td>
<td>Vacant Area Coordinator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCEM Area 5 – Bladen, Brunswick, Columbus, Hoke, New Hanover, Robeson</td>
<td>Zak Whicker Area Coordinator</td>
<td><a href="mailto:Zak.whicker@ncdps.gov">Zak.whicker@ncdps.gov</a></td>
<td>Cell: (910) 409-7997</td>
<td></td>
</tr>
<tr>
<td>NCEM Area 6 – Franklin, Granville, Halifax, North Hampton, Person, Vance, Warren</td>
<td>Tim Byers Area Coordinator</td>
<td><a href="mailto:tim.byers@ncdps.gov">tim.byers@ncdps.gov</a></td>
<td>Cell: (252) 676-5240</td>
<td></td>
</tr>
<tr>
<td>NCEM Area 7 – Edgecombe, Harnett, Johnston, Nash, Wake, Wilson</td>
<td>Vacant Area Coordinator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCEM Area 8 – Anson, Chatham, Lee, Montgomery, Moore, Richmond, Scotland</td>
<td>Yancy King Area Coordinator</td>
<td><a href="mailto:yancy.King@ncdps.gov">yancy.King@ncdps.gov</a></td>
<td>Cell: (919) 208-1003</td>
<td></td>
</tr>
<tr>
<td>NCEM Area 9 – Caswell, Davie, Forsyth, Rockingham, Stokes, Surry, Yadkin</td>
<td>Dennis Hancock Area Coordinator</td>
<td><a href="mailto:Dennis.hancock@ncdps.gov">Dennis.hancock@ncdps.gov</a></td>
<td>Cell: (336) 380-2662</td>
<td></td>
</tr>
<tr>
<td>NCEM Area 10 – Alamance, Davidson, Durham, Guilford, Orange, Randolph</td>
<td>David Leonard Area Coordinator</td>
<td><a href="mailto:David.leonard@ncdps.gov">David.leonard@ncdps.gov</a></td>
<td>Cell: (336) 266-2642</td>
<td></td>
</tr>
<tr>
<td>NCEM Area 11 – Alexander, Alleghany, Cabarrus, Iredell, Rowan, Stanley, Wilkes</td>
<td>Greg Atchley Area Coordinator</td>
<td><a href="mailto:Greg.atchley@ncdps.gov">Greg.atchley@ncdps.gov</a></td>
<td>Cell: (704) 929-0015</td>
<td></td>
</tr>
<tr>
<td>NCEM Area 12 – Ashe, Avery, Caldwell, Gaston, McDowell, Mitchell, Watauga</td>
<td>Tiawana Ramsey Area Coordinator</td>
<td><a href="mailto:Tiawana.ramsey@ncdps.gov">Tiawana.ramsey@ncdps.gov</a></td>
<td>Cell: (828) 230-8184</td>
<td></td>
</tr>
<tr>
<td>NCEM Area 13 – Burke, Catawba, Cleveland, Gaston, Lincoln, Mecklenburg, Union</td>
<td>Eric Wiseman Area Coordinator</td>
<td><a href="mailto:Eric.wiseman@ncdps.gov">Eric.wiseman@ncdps.gov</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCEM Area 14 – Buncombe, Cherokee, Graham, Haywood, Madison, Swain</td>
<td>Jimmie Ramsey Area Coordinator</td>
<td><a href="mailto:Jimmie.ramsey@ncdps.gov">Jimmie.ramsey@ncdps.gov</a></td>
<td>Cell: (828) 712-1987</td>
<td></td>
</tr>
<tr>
<td>NCEM Area 15 – Clay, Henderson, Jackson, Macon, Polk, Rutherford, Transylvania</td>
<td>Danny Gee Area Coordinator</td>
<td><a href="mailto:Danny.gee@ncdps.gov">Danny.gee@ncdps.gov</a></td>
<td>Cell: (828) 230-8184</td>
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G. Attachment 7: Coalition Partner Contacts

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>EMS Agencies</th>
<th>Emergency Management</th>
<th>Public Health</th>
</tr>
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<tbody>
<tr>
<td>Alleghany Memorial Hospital 233 Doctors Street Sparta, NC 28675 (336) 372-5511</td>
<td>Alleghany County EMS 40 Cox Street PO Box 806 Sparta, NC 28675 (336) 372-5217</td>
<td>Alleghany County Office of Emergency Management 348 South Main St. PO Box 1233 Sparta, NC 28675 (336) 372-4455</td>
<td>Appalachian District Health Department 157 Health Services Road PO Box 309 Sparta, NC 28675 (336) 372-5641</td>
</tr>
<tr>
<td>Alexander County EMS 2430 Hwy 90 E Taylorsville, NC 28681 (828) 632-4166</td>
<td>Alexander County Emergency Management 81 Liledoun Road Taylorsville, NC 28681 (828) 632-9336</td>
<td></td>
<td>Alexander County Public Health 338 1st Ave. S.W. Taylorsville, NC 28681 (828) 632-9704</td>
</tr>
<tr>
<td>Ashe Memorial Hospital 200 Hospital Avenue Jefferson, NC 28640 (336) 846-7101 25 Beds</td>
<td>Ashe Medics 921 W. King Street Boone, NC 28607 (336) 846-9111</td>
<td>Ashe County Office of Emergency Management 150 Government Circle Suite 2400 Jefferson, NC 28640</td>
<td>Ashe County Health Department 413 McConnell Street Jefferson, NC 28640 (336) 246-9449</td>
</tr>
<tr>
<td>Caldwell Memorial Hospital 321 Mulberry Street SW Lenoir, NC 28645 (828) 77-5100 72 Beds</td>
<td>Caldwell County EMS PO Box 2200 2345 Morganton Blvd. SW Lenoir, NC 28645 (828) 757-1278</td>
<td>Caldwell County Office of Emergency Management 2345 Morganton Blvd. SW Lenoir, NC 28645 (828) 850-3947</td>
<td>Caldwell County Health Department 2345 Morganton Blvd. SW Lenoir, NC 28645 (828) 426-8461</td>
</tr>
<tr>
<td>Catawba Valley Medical Center 810 Fairgrove Church Rd. SE Hickory, NC 28602 (828) 326-3000</td>
<td>Catawba County EMS 100-A South West Blvd Newton, NC 28658 (828) 465-8234</td>
<td>Catawba County Office of Emergency Management 100-A South West Blvd Newton, NC 28658</td>
<td>Catawba County Public Health 3070 11th Ave Dr. SE Hickory, NC 28602 (828) 695-8500</td>
</tr>
<tr>
<td>Frye Regional Medical Center 420 N. Center Street Hickory, NC 28601 (828) 315-5000</td>
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Healthcare Coalition Support Plan – last updated 01272016
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<tr>
<th>Hospital/Center Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Emergency-Related Information</th>
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<tr>
<td>WFBMC - Lexington Medical Center</td>
<td>250 Hospital Drive Lexington, NC 27292</td>
<td>(336) 248-5161</td>
<td>Novant Health-Thomasville Medical Center 207 Old Lexington Road Thomasville, NC 27360</td>
</tr>
<tr>
<td>Davidson County EMS</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Office of Emergency Management 913 Greensboro Street Lexington, NC 27292</td>
</tr>
<tr>
<td>Davidson County Health Department</td>
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<tr>
<td>Davidson County Office of Emergency Management</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Health Department</td>
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<tr>
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<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Office of Emergency Management</td>
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<tr>
<td>Davidson County Health Department</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Health Department</td>
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<tr>
<td>Davidson County Office of Emergency Management</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
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<td>(336) 242-2000</td>
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<tr>
<td>Davidson County Health Department</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Office of Emergency Management</td>
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<tr>
<td>Davidson County Health Department</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Office of Emergency Management</td>
</tr>
<tr>
<td>Davidson County Health Department</td>
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<td>(336) 242-2000</td>
<td>Davidson County Office of Emergency Management</td>
</tr>
<tr>
<td>Davidson County Health Department</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Office of Emergency Management</td>
</tr>
<tr>
<td>Davidson County Health Department</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Office of Emergency Management</td>
</tr>
<tr>
<td>Davidson County Health Department</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Office of Emergency Management</td>
</tr>
<tr>
<td>Davidson County Health Department</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Office of Emergency Management</td>
</tr>
<tr>
<td>Davidson County Health Department</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Office of Emergency Management</td>
</tr>
<tr>
<td>Davidson County Health Department</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Office of Emergency Management</td>
</tr>
<tr>
<td>Davidson County Health Department</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Office of Emergency Management</td>
</tr>
<tr>
<td>Davidson County Health Department</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Office of Emergency Management</td>
</tr>
<tr>
<td>Davidson County Health Department</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Office of Emergency Management</td>
</tr>
<tr>
<td>Davidson County Health Department</td>
<td>913 Greensboro Street Lexington, NC 27292</td>
<td>(336) 242-2000</td>
<td>Davidson County Office of Emergency Management</td>
</tr>
<tr>
<td>Winston-Salem, NC 27157 (336) 716-2011</td>
<td>WFUBMC – Brenner Children’s Hospital Medical Center Boulevard Winston-Salem, NC 27157 (336) 713-4500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Point Regional Health System- UNC Health 601 N. Elm Street High Point, NC 27262 (336) 878-6000</td>
<td>Cone Health-MedCenter High Point (ED only) 2630 Willard Dairy Road High Point, NC 27265 336-884-3700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moses H. Cone Memorial Hospital 1200 North Elm Street Greensboro, NC 27401 (336) 832-7000</td>
<td>Wesley Long Hospital 501 North Elam Ave. Greensboro, NC 27403 (336) 832-1300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women’s Hospital 801 Green Valley Road Greensboro, NC 27408 336-832-6500</td>
<td>Behavioral Health Hospital 700 Walter Reed Drive Greensboro, NC 27403 336-832-9600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guilford County EMS 1002 Meadowood Street Greensboro, NC 27409 (336) 641-7565</td>
<td>Guilford County Office of Emergency Management 1002 Meadowood Street Greensboro, NC 27409 (336) 641-6567</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guilford County Department of Public Health 1100 Wendover Ave. E Greensboro, NC 27405 (336) 641-3245</td>
<td>Guilford County Office of Emergency Management 1002 Meadowood Street Greensboro, NC 27409 (336) 641-6567</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Center</td>
<td>EMS</td>
<td>Office of Emergency Management</td>
<td>Health Department</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>------------------------------------------</td>
<td>------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Davis Regional Medical Center</td>
<td>Iredell County EMS</td>
<td>Iredell County Office of Emergency</td>
<td>Iredell County Health Department</td>
</tr>
<tr>
<td>218 Old Mocksville Road</td>
<td>200 S. Center St. Statesville, NC 28677</td>
<td>Management 349 E. Center Street Statesville, NC 28677</td>
<td></td>
</tr>
<tr>
<td>Statesville, NC 28625</td>
<td>(704) 878-3025</td>
<td>(704) 878-5353</td>
<td>318 Turnersburg Highway Statesville, NC 28625</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Iredell County Communication Center</td>
<td>(704) 878-5300</td>
</tr>
<tr>
<td>Iredell Health Systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>557 Brookdale Drive Statesville, NC 28677</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(704) 873-5661</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iredell County EMS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Randolph Hospital</td>
<td>Randolph County EMS</td>
<td>Randolph County Office of Emergency</td>
<td>Randolph County Public Health</td>
</tr>
<tr>
<td>364 White Oak Street Asheboro, NC 27204</td>
<td>152 N. Fayetteville Street Asheboro, NC 27203</td>
<td>Management 152 N. Fayetteville Street Asheboro, NC 27203</td>
<td>2222B S. Fayetteville Street Asheboro, NC 27205</td>
</tr>
<tr>
<td>Asheboro, NC 27204</td>
<td>(336) 625-5151</td>
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<td>Rockingham County EMS</td>
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<td>Rockingham County Public Health</td>
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<td>Cone Health- Annie Penn Hospital</td>
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<td>Management 150 NC 65 Reidsville, NC 27320</td>
<td>371 NC 65 Wentworth, NC 27375 (336) 342-8371</td>
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<td>618 South Main Street Reidsville, NC 27320</td>
<td>150 NC 65 Reidsville, NC 27320 (336) 634-3000</td>
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<td>2727 Old Concord Road, Suite E Salisbury, NC 28146</td>
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<td>612 Mocksville Avenue Salisbury, NC 28144</td>
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<td>1009 N. Main St. Danbury, NC 27016</td>
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<td>(336) 593-5409</td>
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<tr>
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<tr>
<td>Northern Hospital of Surry County</td>
<td>830 Rockford Street, Mt. Airy, NC 27030</td>
<td>(336) 719-7000</td>
<td>Hugh Chatham Memorial Hospital 180 Parkwood Drive, Elkin, NC 28621 (336) 527-7000</td>
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<tr>
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<td>1218 State Street, #500, Mount Airy, NC 27030</td>
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<tr>
<td>Watauga Medical Center</td>
<td>336 Deerfield Road, Boone, NC 28607</td>
<td>(328) 262-4100</td>
<td>Watauga Medics, Inc. 921 W. King Street, Boone, NC 28607 (328) 264-9486</td>
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<td>Watauga Medics, Inc.</td>
<td>921 W. King Street, Boone, NC 28607</td>
<td>(328) 264-9486</td>
<td>Watauga County Office of Emergency Management 184 Hodges Gap Road, Box D, Boone, NC 28607 (328) 264-4235</td>
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<tr>
<td>WFBMC- Wilkes Regional Medical Center</td>
<td>1370 West D Street, North Wilkesboro, NC 28659</td>
<td>(336) 651-8100</td>
<td>Wilkes County EMS PO Box 187, North Wilkesboro, NC 28659 (336) 651-7365</td>
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<td>(336) 651-7365</td>
<td>Wilkes County Office of Emergency Management 110 W North Street, #100, Wilkesboro, NC 28697 (336) 651-7505</td>
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<tr>
<td>Yadkin County EMS</td>
<td>108 George St., PO Box 998, Yadkinville, NC 27055</td>
<td>(336) 679-4232</td>
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<tr>
<td>Yadkin County EMS</td>
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<td>(336) 679-4232</td>
<td>Yadkin County Health Department 250 Willow Street, PO Box 548, Yadkinville, NC 27055 (336) 6794210</td>
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## H. Attachment 8: Situation Report (Sitrep)

### Situational Report Template

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<thead>
<tr>
<th>1. Incident Name</th>
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<tr>
<th>3. Situation Summary: Background, primary hazards, etc.</th>
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### 4. Approval and Routing Information

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<th>Position:</th>
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<th>Approved By:</th>
<th>Position:</th>
<th>Signature:</th>
<th>Primary Location, Organization, or Agency:</th>
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### 5. Incident Objectives

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<th>5a. Objectives:</th>
<th>5b. Strategies:</th>
<th>5c. Resource Required: (Reference Critical Asset List)</th>
<th>5d. Assigned To:</th>
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</table>
6. Prepared by:
   Print Name: ________________________ Signature: __________________________
   Date/Time: ________________________ Facility: ____________________________
I. Attachment 9: North Carolina SMRS Initial Communication Guidance

The following guidelines are identified to promote interoperable communications for North Carolina State Medical Response assets. This general guideline is not meant to be a substitute for individual communication plans.

A. READINESS

1. SMRS DESIGNATIONS

It is recommended that state medical response system assets communicate by plain language designations. Currently there are eight SMAT II regions geographically located and numbered 100-800. Additional SMRS assets such as SMAT III’s are labeled by geographic location; (Ex Halifax SMATIII). Ambulance Strike Teams (AST) are labeled by SMATII attachment (Ex AST600).

2. SPECIFIC RADIO CALL SIGNS

When calling other SMRS resources – It is recommended that positions are hailed by plain language and/or team number. While the call sign is longer than plain numbering, there is less confusion with plain language. Examples can be “SMAT100 Team Leader, SMAT 600 Operations, SMAT 800 Logistics” etc. A similar approach can be applied for vehicles such as “SMAT100 M8”. During a large scale event the ICC (Incident Communications Center) or COML (Communication Unit Leader) can aide in call sign assignments.

3. VIPER (VOICE INTEROPERABILITY PLAN FOR EMERGENCY RESPONDERS)

The North Carolina Viper radio system is the preferred method for interoperable and wide area communications. The SMRS has a variety of options available for statewide communication. The following talk groups are available for immediate use without clearance: NCSMAT, VML79501 (HOME). The following talk groups are available for emergencies but should be coordinated by the ICC or ComL: VML79600 (Command), VML79601 (Logistics), VML79700 (Staging), VML79701 (Transport), VML79800 (SMRS Ops1), VML79801 (SMRS Ops2).

4. NCMCN (NORTH CAROLINA MEDICAL COMMUNICATION NETWORK)

North Carolina maintains a secondary legacy UHF radio network which can be utilized for SMRS needs. Currently the NCMCN system is utilizing the same infrastructure as the Viper system which is prone to the same system failures. With the large amount of suitcase (PACK) carried radios and facility radios, this is still a viable vehicle for local, regional and statewide communications. Additional information can be found in the OEMS Viper and DTMF Reference: [http://www.ncdhhs.gov/dhsr/EMS/technolg.shtml](http://www.ncdhhs.gov/dhsr/EMS/technolg.shtml)

5. UHF (ULTRA-HIGH FREQUENCY) CACHE

The UHF radio cache is the preferred method for local on site communications for a majority of SMRS resources. Some SMRS assets are capable of conducting operations on Viper, but usually have a limited number handheld radios. The UHF cache offers a quick, easy solution that is independent of existing infrastructure. The most common channels used are the SMAT “F” channels, MED channels and UCALL/TACS. The current (16) channel SMRS UHF template is:
6. **NPS (NATIONAL PUBLIC SAFETY) CHANNELS**

North Carolina maintains a vast number of National Public Safety conventional repeaters that are strategically located. The repeaters are available in the current standard 8CALL90 and 8TAC91-94. NPS repeaters are a good backup on 800MHz in the event of trunk system failure. Out of state resources should have these frequencies in common if using 800MHz equipment.

7. **SATELLITE COMMUNICATIONS**

A majority of SMRS resources have the ability to utilize MSAT satellite radio/telephones. MSAT units are an excellent failsafe for communications during disaster. Currently ALL MSAT units in North Carolina contain the following two-way talk groups: NCEM TSKFRC (Team communications), EBO (Eastern Region), CBO (Central Region), WBO (Western Region) and STATEWD (NCEOC). Additional talk group information and telephone numbers can be obtained from the NCOEMS Communication Manager.

8. **TELEPHONE**

Day to day and initial activation communications between NCOEMS, State EOC and the SMRS resources will be through standard telephone devices and email traffic (If available). Additional resources are available to assist with telephone priority such as GETS and WPS (Wireless priority service). Landline telephones and cellular should be considered alternate forms of communication during large scale emergencies and disasters.
B. SMRS ACTIVATION

1. COMMUNICATION NEEDS DURING ADVISORY, ALERT OR ACTIVATION
   a. Advisory – No specific action is necessary unless deemed by the team leader. Situational awareness for possible movement.
   b. Alert – Ensure communication readiness such as batteries, vehicles and cache equipment. Consider researching communication assets and needs of the potential affected areas.
   c. Activation – Address communication paths with regional coordination centers (RCC’s), NCEOC if required, requesting agency and internal team needs including transit frequencies/talk groups.

2. COMMUNICATIONS CONSIDERATIONS DURING ACTIVATION:
   o Communications with NCOEMS coordination (WBO, CBO, EBO and/or EOC)
   o Communications within the team
   o Communications with other teams

   Communications with the home base
   o Communications with local agencies

C. OPERATIONS

3. COMMUNICATIONS SYSTEM PLANNING

Communication planning must be conducted in the advance of the BoO (Base of Operations) site selection process. This assures that an assessment of the disaster area and the BoO will meet the communication requirements (Satellite look angles etc).

4. COMMUNICATIONS RF PLAN CONSIDERATIONS

The ICC/COML will consider the following when developing the communications plan:
   o Command and Control
   o Operations
   o Logistics

5. RECOMMENDED COMMUNICATION ROUTES
   o Transit operations: VIPER (NCSMAT) if able. If limited with Viper equipment units can communicate with UHF. In this situation it is recommended that the team leader maintain contact with RCC/NCEOC and fleet simultaneously.
   o Coordination and Control with OEMS: VIPER (RCC Branch TG if activated) and/or NCEOC Talk group.

   **Note: In a large scale event communications should occur with the assigned RCC for asset tracking. If the regional RCC is not activated yet communications should occur with NCEOC. Resources may be assigned State Event talk groups along with DPR talk groups based on the incident type.
   o On site operations: VIPER if able. Majority of SMRS assets are equipped with UHF equipment. UHF can be utilized for on-site operations limited to line of sight communications. Larger footprints can be accomplished with UHF repeaters and utilizing the NCMCN repeaters.
6. **PRIORITY OF COMMUNICATION MODES**

Wide area: VIPER, MSAT, NCMCN, HF Amateur radio

Local area: VIPER/NPS, UHF and NCMCN, VHF, 2m-440 Amateur radio

7. **ALTERNATE LINK METHODS**

Use of gateways and linking of disparate modes:

Within the SMRS there are a few options for linking such as ACU-M, ACU-T and ACU1000’s. There is also a MSAT to VIPER interface to link nets over the MSAT satellite system. Some ACU’s also have the ability to provide ROIP (Radio over IP) linking.

8. **DATA INTEROPERABILITY / VOIP**

Multiple SMRS resources are capable of satellite broadband technology and voice over IP (VOIP) telephone service. It is recommended that each resource know the following information:

- VOIP telephone numbers
- Fax numbers
- IP addresses to modems and controllers
- How to access port forwarding through modems and networks
- Bird location (Satellite name, look angle) for beam conflict avoidance
9. Default ICS 205 Communication plans:

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<tr>
<th>INCIDENT RADIO COMMUNICATIONS PLAN</th>
<th>DEFAULT TRAVEL STANDARD</th>
<th>Date/Time Prepared</th>
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ADDITIONAL CHANNELS OR TALKGROUPS SHOULD BE AVAILABLE BY ICS217. THE ABOVE DEFAULTS ARE EXAMPLES OF INTEROPERABLE-INITIAL SOLUTIONS
D. DEMOBILIZATION

There are three phases to disengagement. From receipt of notice that operations are to terminate SMRS resources shall prepare for withdrawal from the disaster area, the COMU or TFL designee is responsible for maintaining communications for the assigned resource while packing equipment. Demobilization should include a communications plan for travel and contacting RCC/EOC when the asset has reached their home base.

E. RETURN TO READINESS

10. Breakdown and Rehabilitation

Upon returning from an incident, the COMU or TFL designee will take any steps necessary to ensure that all equipment is made ready for the next mission.

11. Final Critique and Debriefing

All significant inputs of the mission, both positive and negative, must be specifically described during the critique and debriefing sessions. The most common way to provide this is through a AAR (After Action Report). The COML should provide a functional overview to the asset deployed. The formal report should be prepared as lessons learned and for every problem identified, a solution should be submitted. This formal report is to be submitted for inclusion in the final report.

F. COMMUNICATION TRAINING REFERENCES

NCMCN/VIPER VMN REFERENCE

NC DIAL CODE BOOK

STATEWIDE NCMCN/VIPER SYSTEM TRAINING

NORTH CAROLINA STATEWIDE INTEROPERABLE COMMUNICATION PLAN

NATIONAL INTEROPERABILITY FIELD OPERATIONS GUIDE

NATIONAL EMERGENCY COMMUNICATIONS PLAN

NORTH CAROLINA EMERGENCY MANAGEMENT DIRECTORY 2008

North Carolina Tactical Interoperability Communication Plans (TICP’s)

(These are currently under review and will be updated with link when available).

NPSTC CHANNEL NAMING PLAN

NORTH CAROLINA ESF-2 COMMUNICATIONS PLAN
Local Management Entity/Managed Care Organization (LME/MCO):

Role and Responsibility: LME/MCOs, under contract with the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (NCDMH/DD/SAS), are structured as a one-county program or as a multi-county area authority and serve as the primary point of contact responsible for the coordination of behavioral health response with service providers at the local and regional level. In this role these agencies are responsible for:

- Maintaining disaster plans that provide guidance about when to implement disaster behavioral health operations, procedures for the management of staff during and after a disaster, and guidance for determining the appropriate level of response for communities in need of behavioral health support
- Providing Disaster Coordinators (DCs) to coordinate the activation and deployment of behavioral health teams and service providers capable of providing the support requested (e.g. psychological first aid, CISM, clinical behavioral/mental health services, etc.)
- Providing crisis services which may be called upon to support functions within specific counties or regionally in the event of a disaster
- Relaying crisis needs as requested by county emergency management, local American Red Cross chapters, and Healthcare Coalitions

Activated behavioral health teams/responders must be deployed with a recognized response agency. Once deployed, these behavioral health teams/responders may conduct rapid needs assessments, provide immediate psychological first aid and outreach, or participate in death notification.

Procedure: When a disaster or other event occurs it is the responsibility of the impacted healthcare facilities, Healthcare Coalition, etc. to notify the Disaster Coordinator responsible for their LME/MCO county/region so that appropriate action may be taken in conjunction with identified behavioral health teams/responders (service providers). A map and listing of LME/MCOs, by county, can be found at [http://www.ncdhhs.gov/providers/lme-mco-directory](http://www.ncdhhs.gov/providers/lme-mco-directory) and a listing of current Disaster Coordinators can be found below:

LMEDISASTERcontacts05052015.xlsx

Clinical Behavioral and Mental Health Services:

Definition: Clinical services that are provided by licensed Psychologists, Psychological Associates, Clinical Social Workers, Psychiatrists, Professional Counselors, Psychiatric
Mental Health Clinical Nurse Specialists, and other licensed, clinical behavioral and mental health service specialists. Service providers licensed for the care they provide and are capable of referring those served to additional or alternative therapies. Services are typically requested during the recovery phase after the disaster or other event has passed and focused on survivors and their family.

**Provider Information:** North Carolina Disaster Response Network (NC DRN) administered by the North Carolina Psychological Foundation (NCPF). The NC DRN is a network of clinical behavioral and mental health professionals who are trained to respond in the event of a disaster. The NC DRN recruits, registers, and trains liaison, and support mental health professionals interested in the field of disaster mental health. During disasters the NC DRN coordinates the response of these professionals for the purpose of providing these services wherever they are needed in North Carolina.

**Procedure:** Call 919-872-1005 to request NC DRN services.

**Program Administrator:** Elizabeth Cloud (NCPF) - Email: ncpaelizabeth@mindspring.com

**Critical Incident Stress Management:**

**Definition:** Critical Incident Stress Management (CISM) is a comprehensive, integrated, systematic and multi-component crisis intervention program. It was developed to help manage traumatic experiences within organizations and communities. CISM is a “package” of crisis intervention tactics that are strategically woven together to:

1) Mitigate the impact of a traumatic event;

2) Facilitate normal recovery processes in normal people, who are having normal reactions to traumatic events;

3) Restore individuals, groups and organizations to adaptive function; and to

4) Identify people within an organization or a community who would benefit from additional support services or a referral for further evaluation and, possibly, psychological treatment.

In North Carolina these services are provided by trained teams of behavioral/mental health clinicians capable of referring those served for follow-on care paired with counselors (or peers) who are professional responders (Fire, EMS, etc.) certified in CISM. Services are requested during or after the disaster has passed and focused of responders and their families. These services may include:

- Pre-incident Education–Stress management education for individuals, groups or organizations; provides preparatory tools for coping with critical incident stress
- On-Scene or Near-Scene Support – On-site debriefing or evaluation by a debriefing team member may be appropriate for some critical incidents when time and circumstances
permit; debriefing team members can watch for acute reactions, provide support, encouragement, consultation and availability to help personnel deal with stress reactions

- **Demobilization** – Intervention services provided to personnel being disengaged from the incident; provision of healthy refreshment and an informal debriefing about stress and coping techniques prior to leaving the scene.

- **Defusing** – Conducted shortly after an incident; primarily an informational update and status report concerning the incident and related injuries; the goal of a defusing is to offer support and to help determine the need for a debriefing.

- **Formal Debriefing** – Conducted within 72 hours after an incident; a confidential, non-evaluative discussion of involvement, thoughts and feelings resulting from the response; information and discussion of stress related symptoms and stress management.

- **Follow-up Debriefing** – Conducted weeks or months after the incident; concerned with delayed or prolonged stress symptoms or reactions; may be done informally.

- **One-on-One Support** – Individual evaluation and assistance for the emergency worker with concerns related to the incident or showing obvious signs of distress.

- **Chaplain Support Services** – Trained Clergy who assist emergency workers in utilizing their faith resources.

- **Education** – Stress management and CISM awareness and training.

- **Family Support Services** – Support sessions for family members and significant others of emergency response personnel.

- **Individual Referrals** – Follow-up mechanisms for future assessment and treatment if necessary and appropriate; recommendations to mental health professionals who can provide professional services to emergency personnel.

- **Emergency Support Services** – For family, loved ones and co-workers of medical facility responders.

**Provider Information:** Fifteen (15) North Carolina CISM Teams are available throughout North Carolina. The teams are administered through the North Carolina Office of Emergency Medical Services (NCOEMS) for the purpose of providing crisis counseling to emergency responders.

**Procedure:** Call CISM Team Leaders directly for service. A map and contact listing of North Carolina CISM Teams can be found below:
Psychological First Aid:

**Definition:** Psychological First Aid (PFA) is a behavioral/mental healthcare approach that is built on the concept of human resilience. PFA aims to reduce stress symptoms and assist in a healthy recovery following a traumatic event, natural disaster, public health emergency, or even a personal crisis. Services are provided by caregivers trained in PFA but who are typically not licensed psychiatric or professional mental health practitioners. Services are typically requested during the disaster or other event and focused on survivors and their families.

**Provider Information:** Any person trained in PFA can provide it. The American Red Cross is a primary PFA training provider. In North Carolina these services can be accessed through any LME/MCO Disaster Coordinator.

**Procedure:** Call the LME/MCO Disaster Coordinator responsible for the county/region were services are needed. Refer to the section on Local Management Entity/Managed Care Organization above.
### Central Region PHP&R Staff Contact List as of 6/1/16

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Work Number</th>
<th>Email Address</th>
<th>Cell Number</th>
<th>Text Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>VACANT</td>
<td>Planning Consultant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michelle Clancy</td>
<td>Training/Exercise Facilitator</td>
<td>919-571-6783</td>
<td><a href="mailto:michelle.clancy@dhhs.nc.gov">michelle.clancy@dhhs.nc.gov</a></td>
<td>919-538-0160</td>
<td><a href="mailto:9195380160@vtext.com">9195380160@vtext.com</a></td>
</tr>
<tr>
<td>Ben Midyette</td>
<td>Industrial Hygiene Consultant</td>
<td>919-571-6785</td>
<td><a href="mailto:ben.midyette@dhhs.nc.gov">ben.midyette@dhhs.nc.gov</a></td>
<td>919-210-2177</td>
<td><a href="mailto:9192102177@vtext.com">9192102177@vtext.com</a></td>
</tr>
<tr>
<td>Dawn Goodwin</td>
<td>Pharmacist</td>
<td>919-571-6784</td>
<td><a href="mailto:dawn.goodwin@dhhs.nc.gov">dawn.goodwin@dhhs.nc.gov</a></td>
<td>919-210-3186</td>
<td><a href="mailto:9192103186@vtext.com">9192103186@vtext.com</a></td>
</tr>
<tr>
<td>Linda A. White</td>
<td>Program Support Specialist</td>
<td>919-571-6781</td>
<td><a href="mailto:linda.a.white@dhhs.nc.gov">linda.a.white@dhhs.nc.gov</a></td>
<td>919-208-8190</td>
<td><a href="mailto:9196498250@vtext.com">9196498250@vtext.com</a></td>
</tr>
</tbody>
</table>

Office Address: DHHS- PHP&R, Central Regional Office, 100 E. Six Forks Road, Suite 150, Raleigh, NC 27609
Main Office Phone No. 919-571-6781
Fax No. 919-571-6786


### CRI Region PHP&R Staff Contact List

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Work Number</th>
<th>Email Address</th>
<th>Cell Number</th>
<th>Text Address</th>
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</thead>
<tbody>
<tr>
<td>Wendy Boggs</td>
<td>Training/Exercise Facilitator</td>
<td>704-566-2807</td>
<td><a href="mailto:wendy.boggs@dhhs.nc.gov">wendy.boggs@dhhs.nc.gov</a></td>
<td>704-956-7040</td>
<td><a href="mailto:7049567040@vtext.com">7049567040@vtext.com</a></td>
</tr>
<tr>
<td>Valerie Lott</td>
<td>Industrial Hygiene Consultant</td>
<td>704-566-2809</td>
<td><a href="mailto:valerie.lott@dhhs.nc.gov">valerie.lott@dhhs.nc.gov</a></td>
<td>704-621-7956</td>
<td><a href="mailto:7046217956@vtext.com">7046217956@vtext.com</a></td>
</tr>
<tr>
<td>Ashley Ward Peluso</td>
<td>Pharmacist</td>
<td>704-566-2805</td>
<td><a href="mailto:ashley.wardpeluso@dhhs.nc.gov">ashley.wardpeluso@dhhs.nc.gov</a></td>
<td>704-302-3271</td>
<td><a href="mailto:7043023271@vtext.com">7043023271@vtext.com</a></td>
</tr>
<tr>
<td>Desire Dixon</td>
<td>Program Support Specialist</td>
<td>704-566-2804</td>
<td><a href="mailto:desire.dixon@dhhs.nc.gov">desire.dixon@dhhs.nc.gov</a></td>
<td>704-390-5786</td>
<td><a href="mailto:7043905786@vtext.com">7043905786@vtext.com</a></td>
</tr>
</tbody>
</table>

Office Address: DHHS- PHP&R, CRI Regional Office, 5501 Executive Center Drive, Suite 209, Charlotte, N.C. 28212
Main Office Phone No. 704-566-2803
Fax No. 704-566-2806
COURIER #05-26-48

CRI Region Counties: Anson, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union

### Eastern Region PHP&R Staff Contact List

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Work Number</th>
<th>Email Address</th>
<th>Cell Number</th>
<th>Text Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shanae Godley</td>
<td>Planning Consultant</td>
<td>252-355-9093 ext. 225</td>
<td><a href="mailto:shanae.godley@dhhs.nc.gov">shanae.godley@dhhs.nc.gov</a></td>
<td>252-373-4904</td>
<td><a href="mailto:2523734904@vtext.com">2523734904@vtext.com</a></td>
</tr>
<tr>
<td>Adrian Cox</td>
<td>Training/Exercise Facilitator</td>
<td>252-355-9093 ext 221</td>
<td><a href="mailto:adrian.cox@dhhs.nc.gov">adrian.cox@dhhs.nc.gov</a></td>
<td>252-373-4835</td>
<td><a href="mailto:2523734835@vtext.com">2523734835@vtext.com</a></td>
</tr>
</tbody>
</table>
Christa Radford  Industrial Hygiene Consultant  252-355-9093 ext. 226  christa.radford@dhhs.nc.gov  252-331-9489  2523319489@vtext.com
Tim Davis  Pharmacist  252-355-9093 ext.222  tim.davis@dhhs.nc.gov  252-822-2477  252822-2477@vtext.com
Deedee Leggett  Program Support Specialist  252-355-9093 ext. 220  deedee.leggett@dhhs.nc.gov  252-903-2311  2529032311@vtext.com

Office Address:  DHHS- PHP&R, Eastern Regional Office, 2561 Mill Street, Winterville, N.C.  28590   Main Office Phone No. 252-355-9093   Fax No. 252-355-9097   COURIER #: 01-45-32

Eastern Region Counties:  Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Duplin, Gates, Greene, Hertford, Hoke, Hyde, Jones, Lenoir, Martin, New Hanover, Onslow, Pamlico, Pasquotank, Pender, Perquimmons, Pitt, Robeson, Sampson, Tyrrell, Washington, Wayne

PUBLIC HEALTH EMERGENCIES CALL 888-820-0520

Dr. Julie Casani  Bioterrorism Coordinator / Branch Head  919-546-1821  julie.casani@dhhs.nc.gov  919-368-3795  9193683795@vtext.com

CONTACT  TITLE  WORK PHONE  EMAIL ADDRESS  Cell / Pager  Text Address
---  ---  ---  ---  ---  ---
Dr. Julie Casani  Bioterrorism Coordinator / Branch Head  919-546-1821  julie.casani@dhhs.nc.gov  919-368-3795  9193683795@vtext.com

Public Health Preparedness and Response - Cooper Building Staff

Main Phone # 919-715-0919   Fax # 919-715-2246   Email: phpr.nc@dhhs.nc.gov   Toll Free 24/7/365 Emergency Contact # 1-888-820-0520
Mailing Address:  1902 Mail Service Center, Raleigh, N.C.  27699-1902   Physical Address:  225 N. McDowell Street, Raleigh, N.C.  27603

Public Health Coordination Center Contact Information  PHCC Main Phone # 919-546-1800
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone Number</th>
<th>Email Address</th>
<th>VText Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Aaron Fleischauer</td>
<td>CDC Career Epidemiology Field Officer</td>
<td>919-546-1835</td>
<td><a href="mailto:aaron.fleischauer@dhhs.nc.gov">aaron.fleischauer@dhhs.nc.gov</a></td>
<td>919-608-9658</td>
</tr>
<tr>
<td>Dr. Amanda Fuller Moore</td>
<td>Clinical Pharmacist</td>
<td>919-546-1822</td>
<td><a href="mailto:amanda.fullermoore@dhhs.nc.gov">amanda.fullermoore@dhhs.nc.gov</a></td>
<td>919-368-5202</td>
</tr>
<tr>
<td>Blackburn, Diana</td>
<td>Planning Coordinator</td>
<td>919-546-1838</td>
<td><a href="mailto:Diana.blackburn@dhhs.nc.gov">Diana.blackburn@dhhs.nc.gov</a></td>
<td>919-614-2253</td>
</tr>
<tr>
<td>Canty, Jim</td>
<td>Telecommunications Coordinator</td>
<td>919-546-1828</td>
<td><a href="mailto:jim.canty@dhhs.nc.gov">jim.canty@dhhs.nc.gov</a></td>
<td>919-270-1567</td>
</tr>
<tr>
<td>Combs, Brian</td>
<td>Industrial Hygiene Consultant</td>
<td>919-546-1823</td>
<td><a href="mailto:brian.combs@dhhs.nc.gov">brian.combs@dhhs.nc.gov</a></td>
<td>919-306-2350</td>
</tr>
<tr>
<td>Harper, Blake</td>
<td>Public Health Program Manager</td>
<td>919-546-1825</td>
<td><a href="mailto:blake.harper@dhhs.nc.gov">blake.harper@dhhs.nc.gov</a></td>
<td>919-210-5711</td>
</tr>
<tr>
<td>Khan, Manal</td>
<td>At-risk populations coordinator</td>
<td>919-546-1837</td>
<td><a href="mailto:manal.khan@dhhs.nc.gov">manal.khan@dhhs.nc.gov</a></td>
<td>919-368-3160</td>
</tr>
<tr>
<td>Mullarkey Campbell, Christine</td>
<td>Emergency Management Planner I</td>
<td>919-546-1834</td>
<td><a href="mailto:christine.mullarkey@dhhs.nc.gov">christine.mullarkey@dhhs.nc.gov</a></td>
<td>919-614-3761</td>
</tr>
<tr>
<td>Pearce, Tyler</td>
<td>Medical Logician</td>
<td>919-546-1829</td>
<td><a href="mailto:tyler.pearce@dhhs.nc.gov">tyler.pearce@dhhs.nc.gov</a></td>
<td>919-609-5807</td>
</tr>
<tr>
<td>Rosa, Vernalette</td>
<td>Program Assistant / Training Coordinator</td>
<td>919-546-1830</td>
<td><a href="mailto:vernalette.rosa@dhhs.nc.gov">vernalette.rosa@dhhs.nc.gov</a></td>
<td>919-210-2056</td>
</tr>
<tr>
<td>Sallah, Stephariah</td>
<td>Subrecipient Monitor</td>
<td>919-546-1832</td>
<td><a href="mailto:stepharia.sallah@dhhs.nc.gov">stepharia.sallah@dhhs.nc.gov</a></td>
<td>919-280-2306</td>
</tr>
<tr>
<td>Shultz, Jeanine</td>
<td>CDC Intern</td>
<td>919-546-1836</td>
<td><a href="mailto:jeanine.shultz@dhhs.nc.gov">jeanine.shultz@dhhs.nc.gov</a></td>
<td>919-418-8102</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Phone</td>
<td>Email</td>
<td>Phone2</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------------------</td>
<td>---------</td>
<td>------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Thomas, Dan</td>
<td>Computer Support Specialist</td>
<td>919-546-1840</td>
<td><a href="mailto:Dan.thomas@dhhs.nc.gov">Dan.thomas@dhhs.nc.gov</a></td>
<td>919-302-5497</td>
</tr>
<tr>
<td>Waldron, Mary</td>
<td>Program Assistant</td>
<td>919-546-1839</td>
<td><a href="mailto:mary.waldron@dhhs.nc.gov">mary.waldron@dhhs.nc.gov</a></td>
<td>919-268-2016</td>
</tr>
<tr>
<td>Vacant</td>
<td>Program Assistant/Travel Coordinator</td>
<td>919-546-1831</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacant</td>
<td>Operations Manager</td>
<td>919-546-1824</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacant</td>
<td>Business Services Coordinator/Lead Purchaser</td>
<td>919-546-1827</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacant</td>
<td>Communication Coordinator</td>
<td>919-546-1826</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5-5-2016 law
L. Appendix A: RHSC Activation

**Purpose:**

This document is meant to assist the Healthcare Preparedness Coordinator (HPC) and Regional Healthcare Support Cell (RHSC) staff by defining general processes for the efficient activation and operations of the RHSC.

**Concept of Operations:**

*General:* Response actions will be based on *activation levels* as determined by the HPC or their designee and are described below. The activation level assigned for the specific incident will be determined based on the information initially obtained and is subject to change as more information becomes available. The level of activation, once assigned, will help determine the appropriate resources necessary to effectively and efficiently support incident response efforts. The response actions outlined in this Activation Plan are guidelines only.

*Notification:* Upon notification that an event/incident has occurred or has the potential to occur, the RHSC will activate. RHSC staff will verify the event/incident information and confer with the HPC or their designee to determine the appropriate activation level and response.

*Activation Levels:* Defining activation levels gives RHSC staff a basic response guideline for any given situation. The following table describes the RHSC Activation Levels, along with potential scenarios where each may apply. These are guidelines only.

<table>
<thead>
<tr>
<th>RHSC ACTIVATION LEVEL</th>
<th>INCIDENT/EVENT DEFINITION</th>
<th>RHSC STATUS</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>A situation that does not require additional response from the RHSC except for situational awareness and monitoring.</td>
<td>Not Open</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>A localized, contained incident that is quickly resolved with limited assistance. Does not affect the overall functioning of hospitals/healthcare agencies within the coalition region.</td>
<td>Open - at the discretion of RHSC Staff</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A serious emergency that completely disrupts one or more hospital’s operations within a county or area. Outside emergency services as well as major efforts from within the</td>
<td>Open - additional RHSC staff designated to RHSC as needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>hospitals will be required.</td>
<td>Open - additional RHSC Staff designated to RHSC</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A community-wide disaster that seriously impairs or is expected to impair operations of several healthcare facilities within an area (city, county, region, etc.). External emergency response resources from state agencies and the potential of federal assistance will likely be required.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Activation Level Response Actions: These provide a method for effective initial and ongoing support functions by the RHSC staff. These guidelines should be utilized in conjunction with Job Action Sheets in order to orient RHSC staff to specific responsibilities for responding to the incident. Although the following response actions are presented in a step-by-step format, it is up to the HPC, or their designee, to determine the need for and/or appropriate order of actions as required for the particular event.

### ACTIVATION LEVEL 0 RESPONSE (HIGH ALERT ONLY)

<table>
<thead>
<tr>
<th>Response Action</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td><strong>Verify the Incident.</strong> Verify that the incident is actually occurring. Use the following methods to verify information, if required. Call/contact the number/address received and discuss incident details with the caller. Verify the incident via credible reporting methods. Contact local first responders or emergency management in the affected area as appropriate. <em>Use RHSC Activation Checklist (below) for collecting event/incident information.</em></td>
</tr>
<tr>
<td><strong>2</strong></td>
<td><strong>Contact HPC or other RHSC staff.</strong> Update them on current situation. Enlist support with communications as required for event/incident (e.g., update Healthcare WebEOC, develop messaging, conducting coordination). <em>Refer to RHSC Communications Plan for guidance.</em></td>
</tr>
</tbody>
</table>

### ACTIVATION LEVELS 1-3 RESPONSE

<table>
<thead>
<tr>
<th>Response Action</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perform actions 1 and 2 from Level 0 above first.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>3</strong></td>
<td><strong>Open RHSC location (if necessary).</strong> Open the designated RHSC location. If working remotely, determine the best location for the RHSC and/or operate a “virtual” RHSC, as resources allow (cell phone, laptop computer, connectivity, etc.).</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td><strong>Confer with HPC/Coalition Leadership</strong> Regarding options for a RHSC staff to be sent to the county EOC once opened.</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td><strong>Contact Office</strong> For activations involving the deployment or potential deployment</td>
</tr>
</tbody>
</table>
ACTIVATION LEVELS 1-3 RESPONSE

<table>
<thead>
<tr>
<th>Response Action</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>of Emergency Medical Services (NCOEMS)</td>
<td>of SMRS resources, the NCOEMS Shift Duty Officer should be notified via email <a href="mailto:DHSR.NCOEMS.SDO@dhhs.nc.gov">DHSR.NCOEMS.SDO@dhhs.nc.gov</a> or phone 919-855-4687.</td>
</tr>
</tbody>
</table>

Continue performing response actions 6-8 below until additional RHSC Staff are given assignments in the RHSC.

6 Notification to Off-Duty RHSC Staff

- All incidents greater than Level 0 warrant communication to be sent to off-duty RHSC Staff to apprise them of the situation. Additional RHSC staff may be required to support the event as determined by the HPC, or their designee. In such an event, RHSC staff may be requested to do the following:
  - Report to the RHSC – RHSC staff that are in or near the building in which the RHSC is located, should report to it directly to assume a role as assigned by the HPC. Bring laptop computer and other necessary equipment/materials as requested.

7 Access and update Healthcare WebEOC and communication / information systems.

- Log into Healthcare WebEOC and provide updated status. Utilize available communication and information systems to collect and share essential elements of information as appropriate. Develop and submit Healthcare Preparedness Coalition/SMRS situation reports, ServNC staffing requests, etc. as necessary or as otherwise requested.

8 Alert to Healthcare Preparedness Coalition Member Organizations

- Utilize available communication and information systems to alert appropriate entities (Coalition hospitals, Coalition members etc.) to notify them of the event. Refer to RHSC Communications Plan for instructions. Messages should be as specific as possible regarding the incident and actions you need them to perform such as entering hospital-specific information into Healthcare WebEOC or SMARTT, responding to ServNC messages, or using VIPER radios for communications.

9 Refer to the RHSC Continuity of Operations Plan (COOP)

- For any situations in which the RHSC and all RHSC staff will be required to work around the clock for short or extended periods, the RHSC COOP should be consulted. Additional staffing and/or shift work may be required as described in this plan.

RHSC Deactivation: When the RHSC’s incident-related responsibilities have ceased as determined by the HPC or their designee, deactivation activities may be initiated.

- Resources: RHSC staff should begin process for the return any mobilized/deployed resources to their original locations.
- Notifications: RHSC staff and other entities (hospitals, EMA, health departments, etc.) contacted at the beginning of the event may need to be contacted once again regarding event deactivation details. This should be done through the most effective method of communication available at the time.
- **Documentation**: Documentation on the details of the incident and the RHSC’s response to the incident is a responsibility of the assigned Planning Section Chief, or RHSC staff as designated by the HPC. The event may also require a formal After Action Review to be submitted by the Planning Section Chief to the HPC and/or OEMS.

- **System Demobilization**: RHSC staff should ensure that all information entered on systems utilized during the incident (Healthcare WebEOC, etc.) is saved for documentation purposes and that these systems are restored to their pre-event status.

Also refer to [Appendix E: SMRS Team Demobilization and Recovery](#)
# RHSC Activation Checklist

<table>
<thead>
<tr>
<th>Date</th>
<th>Hospital</th>
<th>Person Reporting</th>
<th>Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Cell:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Email:</td>
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</table>

## HOSPITAL STATUS

<table>
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<tr>
<th></th>
<th>FACILITY IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Command Center Open?</td>
<td>Interruption of Patient Care Services?</td>
</tr>
<tr>
<td>Receiving victims?</td>
<td>Damage to Facility?</td>
</tr>
<tr>
<td>Lockdown?</td>
<td>Security Issues?</td>
</tr>
<tr>
<td></td>
<td>Emergency Power?</td>
</tr>
</tbody>
</table>

## POWER OUTAGE

<table>
<thead>
<tr>
<th></th>
<th>MASS CASUALTY INCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated time of restoration?</td>
<td>Number of anticipated victims?</td>
</tr>
<tr>
<td>ED on Diversion?</td>
<td>Triage Levels (how many of each have they received?)</td>
</tr>
<tr>
<td></td>
<td>Red</td>
</tr>
<tr>
<td>Interruption of Patient Care Services?</td>
<td>ED on Diversion?</td>
</tr>
<tr>
<td>Hospital Census?</td>
<td>Other Facilities receiving patients?</td>
</tr>
<tr>
<td>PATIENT CARE ISSUES</td>
<td>IMPENDING EVACUATION</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Number of patients involved?</td>
<td>Hospital Census?</td>
</tr>
<tr>
<td>Number of patients admitted?</td>
<td>Number of patients on ventilators?</td>
</tr>
<tr>
<td>Infectious/Isolation Procedures?</td>
<td>Transportation plans in place/activated?</td>
</tr>
<tr>
<td>Coalition agencies involved (EMA, Public Health)?</td>
<td>ED on Diversion?</td>
</tr>
</tbody>
</table>

What do you need from the RHSC?

Would you like the RHSC to send a message to particular Coalition agencies? If yes, which ones (hospitals, Long Term Care, EMA, etc.) and what information do you want released?
M. Appendix B: Resource Requests

**Purpose:**

To establish guidance to the Healthcare Preparedness Coordinator (HPC), Regional Healthcare Support Cell staff (RHSC), and Triad Healthcare Preparedness Coalition member organizations regarding the utilization, request, distribution, and recovery of State Medical Response System (SMRS) resources in response to an event/incident affecting healthcare services.

**Scope:**

This document covers the following aspects of the request of SMRS resources through the RHSC by Triad HPC member organization:

- Utilization
- Request (including pharmaceutical)
- Distribution
- Maintenance
- Recovery
- Training and Education

**Contents:**

Utilization

Role of the Triad Healthcare Preparedness Coalition

Healthcare facilities served by Triad HPC and existing sources of resources (e.g. Mutual Aid, SMRS resources, etc.)

Resources available through the RHSC

Distribution in response to multiple requests

Request

Notification and Verification

Activation

Pharmaceutical Requests

Distribution

Approval
Allocation

Tracking

Transportation

Maintenance

Condition/Environment

Preventive Maintenance

Recovery

Demobilization

Replacement

Training and Education

Use for Training and Education

Required for Operation

Required for Maintenance

**Concept of Operations:**

Utilization

*Role of the Triad Healthcare Preparedness Coalition:* Triad HPC functions as the Regional Healthcare Support Cell (RHSC) during events/incidents that affect healthcare facilities and services. In this role, the RHSC can respond to hospital and coalition partner requests for assistance through coordination and distribution of resources and information. SMRS resources may be distributed among partnering hospitals and coalition members during the planning and/or response phases of a disaster.

*Healthcare facilities served by Triad HPC and existing sources of resources (e.g. Mutual Aid, SMRS resources, etc.):* This section may describe the:

- The Triad HPC serves 27 Hospitals, 18 County agencies, Long Term Care facilities and other healthcare providers with in the region.
- Priority of support is determined by greatest impact on the community and healthcare agencies before community facilities.
Resources available through the RHSC: See attachment 5 in this document,

Distribution in response to multiple requests: The RHSC staff will prioritize requests for the same resource from multiple facilities based on service to the greatest need and most impact.

Request

Notification and Verification: RHSC staff will verify notification/request from healthcare facilities/coalition partners for available resources by reply email or phone call and then determine if resources need to be distributed. Stakeholder can use the Resource Request Form for local requests or go through County Emergency Management. Triad HPC SOG- Resource Request Form

Activation: This section would describe:
- Triggers for providing resources
- Any known procedures/steps that need to take place prior to distribution. Examples include:
  - Internal notifications – HPC, home hospital management, etc.
  - External notifications – requesting facility leadership, Local EM, OEMS, etc.
  - Notification modes (phone/HC WebEOC/SMARTT/email) and methods (specific numbers or email addresses, etc.)
  - Documentation of requests by RHSC and requesting facility:
    - In Healthcare WebEOC, the iCAM system, and SMARTT
  - Actions when requests can’t be filled/resources are not available within the Coalition.

Pharmaceutical Requests: Pharmaceutical request-specific procedures include calling for SMRS assets through NCOEMS and possibly hospital mutual aid requests.

Distribution

Approval: Operations Section Chief is responsible for approving and coordinating the distribution of requests for SMRS resources.

Allocation: Allocation of resources would be based on; Current patient volume, potential number of affected citizens, acuity levels, and greatest population served by assistance.

Tracking: Resources are checked out to facilities using the ICAM inventory system. Notation will also be made in NC HealthCare WebEOC for situational awareness. The resource request form will be maintained on the THPC network drive and paper copies may be retained. Any equipment being transferred permanently to a facility will require a transfer of ownership form.

Transportation: Transportation of assets will be conducted by THPC staff or SMAT II Volunteers who have completed drivers training requirements and have been added to WFBMC vehicle insurance. For direct requests from facilities the THPC may request reimbursement of up to $1.10 a mile for transportation of equipment to a facility. For NC Emergency Management requests through a mission reimbursement may be requested through the state reimbursement
process. The THPC staff will deploy all assets required to fill the request. It shall be at the
discretion of the THPC Coordinator to place equipment on the road during inclement weather.

Maintenance

*Condition/Environment:* The expectations for the use and storage of resources provided to
requesting facilities is to treat the equipment in the same manner as they would if it was their
equipment.

*Preventive Maintenance:* Any equipment used shall be maintained according to the preventive
maintenance schedule already in place by the THPC. Equipment returned prior to PM scheduled
date may be required to reimburse the THPC for cost associated with the PM.

Recovery

*Demobilization:* This section would describe the conditions under which distributed SMRS
resources would be demobilized, coordination of the demobilization process (RHSC staff) and
any necessary procedures.

*Replacement:* This section would describe:
  - Triad HPCs role and ability (under ASPR grant guidelines) to replace SMRS assets that
    are used by requesting facilities during response/recovery operations.
  - Triad HPCs role and ability (under ASPR grant guidelines) to replace SMRS assets that
    are lost, stolen, or damaged due to negligence while being used by requesting facilities
during response/recovery operations.

Training and Education

*Use for Training and Education:* This section would describe the procedures for and limitations
to the request and use of SMRS resources by Coalition member organizations for training and
education purposes.

Required for Operation: This section would define responsibility for the provision of training
related to the operation/use of SMRS resources requested and used by Coalition member
organizations.

Required for Maintenance: This section would define responsibility for the provision of training
related to the maintenance/preventative maintenance of SMRS resources requested and used by
Coalition member organizations.
Purpose: To provide a standardized method of volunteer activation throughout the NC SMRS.

Procedure:

Notice Event

1. Receive notification from NCOEMS of possible, or high probability of, state wide mission and/or regional notification of a regional event.

2. Utilize ServNC to send notice to all team members. Place on “Advisory” Status. *(Alternate pathway for stand down)

3. Volunteers are to notify their employers and family members of advisory status, and ensure all personal readiness initiatives are complete, per SMAT ITP Module 6. Volunteers are to verify leave approval with their supervisors.

4. When appropriate, send “Alert” notification via ServNC to request availability. *(Alternate pathway for stand down)

5. Based upon mission Regional Staff, or their designee, will create assignments and roster SMRS personnel in ServNC.

6. Complete ICS 211 based upon ServNC information.

7. Send “Activation” notification via ServNC to rostered SMRS personnel to include reporting location, assembly time, and deployment circumstances and duration.

No Notice Event:

1. Receive notification from NCOEMS of possible or high probability of state wide mission and/or regional notification of a regional event.

2. Send “Alert” notification via ServNC to include request availability and advise to assess personal readiness. *(Alternate pathway for stand down)

3. Based upon mission Regional Staff, or their designee, will create assignments and roster SMRS personnel in ServNC.

4. Complete ICS 211 based upon ServNC information.

5. Send “Activation” notification via ServNC to rostered SMRS personnel to include reporting location, assembly time, and deployment circumstances and duration.
“Stand down” can occur at any time during the activation procedure. Should the mission be cancelled, or a change of resources be required, notice should be sent via ServNC to all personnel that received the “Advisory” notification (or “Alert” in the no-notice scenario). This will help to ensure that all volunteers that might be on alert receive notification to stand down.
O. Appendix C-2: SMRS Mobilization Plan

Purpose

The purpose of this plan is to provide a guideline for the activation and mobilization of the Triad State Medical Assistance Team 500. The below information should be utilized as guidance, and will be mission specific. The information within this document is not in chronological order and multiple items may be accomplished at the same time. Any issues that may arise within this plan or its application should be forwarded to the appropriate individuals with the Incident Command System (ICS) chain of command.

The Triad SMAT 500 is a scalable and flexible deployable team made up of logistical and medical personnel. The activation, mobilization and movement of this resource is complex and for the purposes of this plan will only cover the primary objectives. The Triad State Medical Assistance Team 500 requires activation, mobilization and movement of both personnel and equipment.

The Triad State Medical Assistance Team 500 is a resource of the State of North Carolina supported through the Wake Forest Baptist Medical Center and ESF-8 lead, NC Office of Emergency Medical Services (OEMS). This resource is requested and activated through the NC Division of Emergency Management (NCEM). Activation may be in the form of intra-state, inter-state or federal response. The Triad State Medical Assistance Team 500 mission will be approved by NCEM and OEMS prior to activation. Once approved this mobilization plan will be utilized in order to provide a structured response.

Assumptions

- The Triad State Medical Assistance Team 500 is a scalable and flexible asset that can be utilized for medical augmentation both inter/intra-state.
- The Triad State Medical Assistance Team 500 Operations Plan will be applicable to the Triad State Medical Assistance Team 500 Mobilization Plan as needed.
- The Medical Coordination Team (MCT) Plan will be applicable to the Triad State Medical Assistance Team 500 Mobilization Plan as needed.
- The Triad State Medical Assistance Team 500 will be at a minimum 95% loaded at all times to facilitate rapid response.

Activation

The activation of the Triad State Medical Assistance Team 500 will occur in two components: personnel and equipment. These activations will occur simultaneously. Once a mission has been accepted by NCEM and OEMS, the activation protocol will be initiated by the OEMS. The team members will be notified via ServNC (NC Volunteer Registry), and queried as to their
availability for deployment. Personnel receiving the ServNC message will be informed of vital information for the mission. This information may include: reporting time, location, duration of mission, and specific requirements. During this process a roster will be placed into ServNC by the OEMS. This roster will be available for review by the Team Leader and OEMS disaster staff.

Equipment activation of the Triad State Medical Assistance Team 500 requires the mobilization of the assets that make up the unit including trailers, medical equipment, communications equipment, lighting, etc. Equipment is managed full time by the Regional Healthcare Preparedness Coordinator and staff. During a time of deployment this staff will have to be augmented by additional staff to load the equipment not currently packaged in a ready state. The Triad HPC RERRC will be in discussion with OEMS during the acceptance phase of a mission and the Triad HPC RERRC will activate his/her staff in order to expedite the mobilization process. Activation will then include additional staffing for augmentation as the mission dictates. This augmentation may come from the State Medical Response System (SMRS) or local emergency services personnel around the Triad State Medical Assistance Team 500 base of operations. Personnel augmentation will be guided by the full time Triad State Medical Assistance Team 500 staff and reference documents listed in the reference section of this document.

**Mobilization**

The personnel component of the Triad State Medical Assistance Team 500, once receiving the notification and approval of the mission, will then begin mobilization. Either through ServNC, or by other means of communication, the personnel will be given mission specific information. Mission briefs will be provided at a later time. Personnel will then report to the assigned location with their appropriate equipment and gear. If billeting is needed for an overnight stay prior to deployment, these arrangements will be made by Triad State Medical Assistance Team 500.

Upon notification of the mission, the Triad HPC RERRC will activate the full time SMAT 500 staff. Augmentation personnel will be requested by the Triad HPC RERRC or OEMS. Once personnel are in place the logistical package of the Triad State Medical Assistance Team 500 will be readied for deployment to include the loading of equipment into appropriate packaging and then to the trailers. This phase will also include the requisition of any assets that are not readily available (ie: Road Tractors). The Triad HPC RERRC /OEMS will maintain a list of assets that will be provided by contractors should the need arise. This readiness will follow the outlined procedures set forth for the Triad State Medical Assistance Team 500.

During the mobilization phase, designated staff of the Triad State Medical Assistance Team 500 will begin deployment documents to include the minimum IAP documents (See reference
section), convoy plan, finance tracking documents, etc. Mission specific documents will be added to this document as attachments and references as the mission requires.

**Deployment**

During the deployment phase the Medical Coordination Team (MCT) / Logistics Support Team (LST) and equipment comprise one unit. In instances requiring a forward deployment of the MCT in advance, deployment will occur at an earlier time following the same guidelines in this document. Upon completion of the mobilization phase, the Triad State Medical Assistance Team 500 (personnel and equipment) will transition to deployment status. Deployment will begin with a systematic check of all equipment and personnel to include; load plan, personal gear, travel route, communications plan, convoy plan and other items as dictated. The deployment phase begins at the end of mobilization and does not end until the unit arrives at its prearranged destination. During travel the Triad State Medical Assistance Team 500 will follow the communications plan to include the telephone directory of travelers. Should emergency assistance be required during transport, the designated emergency Triad State Medical Assistance Team 500 contact will be contacted by radio or cell phone. Travel procedures will be included in the convoy plan and will be written to insure safety and security.

During out of state declared deployments of the Triad State Medical Assistance Team 500, a member of the OEMS staff will travel with the assets and be authorized, or have the mechanism, to acquire approval for expenditures.

**Demobilization**

Due to the complexity and ever changing needs that arise during a deployment, the Demobilization Plan will normally be addressed at the mission site. The plan is initially addressed on site. The actual planning for demobilization begins during the deployment of the Triad State Medical Assistance Team 500. Emergency Demobilization will be constantly evaluated and addressed at the site.

**Conclusion**

The Mobilization Plan provides a broad over view of the activation, mobilization and deployment process of the Triad State Medical Assistance Team 500. Planning specifics of each mission will be outlined in the supporting attachments that coincide with this document. It is important to note that this plan is a guideline. In certain cases this plan may have to be augmented and changed to support the mission.
Reference Documents

- Incident Action Plan

• 202 – Incident Objectives
• 203 – Organizational Assignment List
• 205 – Incident Radio Communications Plan
• 205T – Incident Telephone Communications Plan
• 206 – Medical Plan
• 207 – Organizational Chart
• 223 – Health and Safety Message
• 211 – Incident Check In Form
• 213 – General Message Form
• 214 – Unit Log
• Convoy Plan
• Safety Plan
• Logistics and Load Plans
Triad Healthcare Preparedness Coalition

Regional Healthcare Support Cell Communications Plan

January 2016
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NCOEMS State and Regional staff

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Purpose

During events or incidents affecting the Triad Healthcare Preparedness region of North Carolina, The Triad Healthcare Preparedness Coalition’s (Triad HPC) Regional Healthcare Support Cell (RHSC) will initiate communication with and provide support services to Triad HPC Healthcare Facilities (Triad HPC HF). The role of the RHSC is to supplement local resources by:

- Serving as an information clearinghouse
- Assisting healthcare facilities with resources
- Promoting inter-facility communication

Scope

This plan describes the methods, procedures, and resources used by the RHSC to efficiently communicate internally and externally during an event. Additionally, the plan outlines several event or incident-related scenarios and the associated communications systems (notifications, support resources, etc.) necessary to support response actions.

Authority

Triad HPC has been given authority by Triad Healthcare Preparedness region healthcare facilities (Triad HPC HF) CEOs, the Triad HPC Board, and the Triad RAC to function as a RHSC during an event or incident affecting healthcare services. This role is recognized by NC OEMS along with NC EM and written into regional and state emergency response plans.

Role and Responsibility

The RHSC role is staffed by the regional Healthcare Preparedness Coordinator (HPC) or other Triad HPC staff designated by the HPC and is available on a 24/7/365 basis via a one call phone number [(336)701-6080]. Staff serving in the RHSC must meet position requirements (see the RHSC Job Action Sheet) and receive initial and ongoing RHSC training as required by Triad HPC.

RHSC Activation

The RHSC is considered "activated" upon notification that an event/incident has occurred or has the potential to occur that may affect healthcare services. The information will be validated and then used to determine an appropriate activation level and associated response actions. Refer to Appendix A: RHSC Activation of the Triad Regional Healthcare Support Plan for more detailed information.

RHSC Communication Policies

The following policies are recommended as standards for operation in the RHSC and for communication practice within the Triad HPC in general. These policies provide a basis for training and response efficiency. However, it is recognized that there are many different methods and resources available to conduct effective communication and, during emergency situations, methods and resources other than those listed below may be more effective.

Equipment/Systems Used: Only Triad HPC-assigned and/or RHSC communications systems should be utilized to request and collect any and all information (rosters, equipment lists, status/resource reports (hospital, SMAT, ICS, etc.), manifests, receipts, evaluations, etc.) necessary to document Triad HPC and State Medical Response System (SMRS) resource requests and satisfy information requests.
Contact Information for Healthcare Facilities and ESF-8 Agencies: Obtain contact information for the purposes of validation of notification messages, response coordination, etc. from the following sources:

- **NCOEMS State and Regional staff** utilize Attachment 6: State and Coalition Contacts of the Triad HPC Regional Support Plan
- **Regional HPC and SMAT staff** utilize Attachment 6: State and Coalition Contacts of the Triad HPC Regional Support Plan

Communication Resource Utilization: Telephone, computer-based, and radio communication systems available in the RHSC and assigned by Triad HPC are provided to ensure that personnel staffing the RHSC have the capability to maintain situational awareness, report essential information, and coordinate the activation and deployment of Triad HPC and SMRS resources. These systems, their primary purposes, and assigned uses are listed below. Refer to 

**Communication Resources and Priority of Use** below and Attachment 7: Coalition Partner Contacts of the Triad Regional Healthcare Support Plan for more detailed information.

**Telephone Communication Systems**: Utilize the following systems for all purposes as needed.

- **Voice-Over-the-Internet-Protocol (VOIP) telephones**:
  - Incoming calls use telephone: (XXX) XXX-XXXX
  - Outgoing calls use telephone: (XXX) XXX-XXXX

- **Facsimile (FAX) telephone**:
  - FAX: (XXX) XXX-XXXX

- **Triad HPC-assigned SMART Phones**: Utilize as primary text-communication resource and back-up resource to VOIP telephones and computer-based communication systems (e-mail/internet). Numbers as assigned.

**Computer-based Communication Systems**: Utilize for intended purpose.

**Situational Awareness, Reporting, and Mission Tracking**

- **Emergency Management Agencies and Partners**: Utilize North Carolina Department of Public Safety WebEOC (NCSPARTA-WebEOC) at: [https://www.ncsparta.net/eoc7/](https://www.ncsparta.net/eoc7/)
- **State Medical Response System Organizations**: Utilize the North Carolina Healthcare WebEOC (NCH-WebEOC) at: [http://ncwebeoc.com/](http://ncwebeoc.com/)
- **Hospitals, EMS Systems, and Healthcare Centers**: Utilize North Carolina SMARTT (State Medical Asset Resource Tracking Tool) at: [https://apps.emspic.org/SMARTT/Go](https://apps.emspic.org/SMARTT/Go)

**Messaging and Mission Coordination**

- **Triad HPC Staff**: Utilize hospital system e-mail account.
- **State Medical Response System**: Utilize ServNC at: [https://www.servnc.org/](https://www.servnc.org/)

**Inventory and Resource Management**
State Medical Response System: Utilize the State Inventory Control and Asset Management system (iCAM) at:

Radio Communication Systems - Viper Medical Network (VMN): Utilize for all purposes as needed to monitor and communicate with Triad HPC partners (hospitals, community health centers), NCOEMS, SMRS organizations (SMATs, etc.), and other organizations utilizing the VIPER (Voice Interoperability Plan for Emergency Responders) radio system.

Communication Information and Equipment
Utilize the Dual-Tone Multi-Frequency (DTMF) Codes and Reference Information Guide for VMN radio channels, talk group, and use guidance at:

Motorola MC3000 Digital Desksets:
Incoming calls (listening) for Triad HPC set one deskset to ________ talk group
Outgoing calls (talking) for Triad HPC set one deskset to appropriate talk group, refer to DTMF

Motorola XTS5000 800 MHz radios:
Official or external incoming/outgoing calls for Triad HPC set one radio to
__________ talk group.
Informal or internal incoming/outgoing calls for Triad HPC set one radio to
__________ talk group

SMRS Communication Guidelines

Utilize the North Carolina State Medical Response System Initial Communication Guidance. This document provides standard guidelines for the planning, establishment, operation, and demobilization of interoperable communications for SMRS teams and assets. SMRS INITIAL DEPLOYMENT COMMUNICATION GUIDANCE V31.docx

VIPER Medical Network Talk Groups – Purpose, Use, and Access
External Coordination – Triad HPC RHSC to Partner Agency/Unit:
Find VMN channel of agency in the DTMF Guide, Press Zone button, Scroll 4-way button to match the first three (3) characters of the VMN address, Set Position knob as necessary to match the VMN channel exactly, Press Home button.

Internal Triad HPC Coordination/Conference – RHSC Staff to RHSC Staff:
__________ and ___________ - Set Position knob to Position __, Press Zone button, Scroll 4-way button to ___________ or ___________, Press Home button.

External Triad HPC RHSC Monitoring - Partner Agency/Unit to Triad HPC RHSC:
__________ - Set Position knob to Position __, Press Zone button, Scroll 4-way button to __________, Press Home button.

External SMRS Monitoring – Partner Agency/Unit to SEOC ESF-8A Desk (SMRS Disaster):
VML79501 - Refer all incoming calls that require ESF-8A Incident Command action to Command (VML79600)
Set Position knob to Position 1, Press Zone button, Scroll 4-way button to VML79501, Press Home button.

Internal SMRS Incident Command – SMRS Unit to SMRS Unit:
Referral channels for active SMRS response/recovery incident command and coordination:

**VML79600** Command
Set Position knob to Position 2, Press Zone button, Scroll 4-way button to VML79600, Press Home button.

**VML79601** Logistics
Set Position knob to Position 3, Press Zone button, Scroll 4-way button to VML79601, Press Home button.

**VML79700** Staging
Set Position knob to Position 4, Press Zone button, Scroll 4-way button to VML79700, Press Home button.

**VML79701** Transportation
Set Position knob to Position 5, Press Zone button, Scroll 4-way button to VML79701, Press Home button.

**VML79800** Operations 1
Set Position knob to Position 6, Press Zone button, Scroll 4-way button to VML79800, Press Home button.

**VML70801** Operations 2
Set Position knob to Position 7, Press Zone button, Scroll 4-way button to VML70801, Press Home button.

**SMRS Incident Radio Communications Plan (ICS-205)**
To see default communications plan see, Attachment F: SMRS Incident Radio Communications Plan (ICS-205).

**Radio Etiquette**
The following rules will be followed when communicating over the radio:
- Use plain language, no codes
- Be courteous and professional with language
- Listen for the “chirp” before you transmit
- Transmit your message in a steady and clear tone
- Avoid interrupting others conversations

**Communication Resources and Priority of Use**

A variety of communication resources are available to RHSC staff for the support of healthcare facility response and recovery operations. The following table provides a summary of these resources by purpose, assigns recommended priorities for use, and identifies capabilities and limitations.

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Priority</th>
<th>Resource</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Voice Communications</strong></td>
<td>1</td>
<td>VOIP (Voice Over Internet Protocol)</td>
<td>Desk phones but need connection to the internet to function. Primary mode for RHSC staff to communicate with each other and with Triad HPC HFs and other partnering agencies.</td>
</tr>
<tr>
<td>(for all purposes)</td>
<td></td>
<td>telephones</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Text-capable Phones</td>
<td>Mobile phones also need connection to internet or cell tower to function. Secondary mode for voice communication for</td>
</tr>
<tr>
<td>Document/Data Transmission</td>
<td>Description</td>
<td></td>
<td></td>
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<td>---------------------------</td>
<td>-------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Email</td>
<td>Provided through laptop or other computer but requires internet connection to function. Primary mode for RHSC staff to transmit documents and data with each other and with other partnering agencies.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>ServNC</td>
<td>Similar support requirements as email. Provides a file library for response / recovery documents and secure messaging. May be utilized as appropriate for SMRS tactical-level communication and resource documents.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Healthcare WebEOC</td>
<td>Similar support requirements as email. Provides a file library for response / recovery documents</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>800mHz radio</td>
<td>These radios (mobile and portable) operate as part of the VMN radio system. Provides RHCS staff with a redundant mode for voice communications with hospitals and community health centers. Designated as the primary mode for command and control when SMRS units are activated and deployed.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Satellite Telephones</td>
<td>“Last Call” telephone/radio system provides voice communication capability when power is out or other communications systems fail. Requires satellite availability and must be “activated” prior to use.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>POTS (Plain Old Telephone System) telephone</td>
<td>Phones served by conventional phone lines (e.g. FAX machine phone). Provide redundant voice communications when internet and/or power is out.</td>
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<tr>
<td></td>
<td>and secure messaging. May be utilized as appropriate for state to region, strategic-level communication and resource documents.</td>
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<td></td>
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<tr>
<td>4</td>
<td><strong>FAX</strong></td>
<td>Provided through POTS, no computer or internet requirement. Provides redundant data transmission capability when internet and/or power is out.</td>
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</tr>
<tr>
<td></td>
<td><strong>Situational Awareness, Reporting, and Mission Tracking</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td><strong>Healthcare WebEOC</strong></td>
<td>Web interface with Hospitals / Hospital Emergency Management staff, Regional HPCs, and HPP/NCOEMS organizations/staff with statewide/regional status boards and messaging. Used to maintain situational awareness, for internal posting and coordination of ESF-8 resource / mission requests, and reporting (IAP, situation reports, ICS forms). Provides two-way communication not possible with SMARTT.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>SMARTT</strong></td>
<td>Web interface with hospitals, EMS systems, and health care centers. Used for situational awareness, status reporting (beds, resources), notification of events, missions (mission rostering efforts), dissemination of general messages, and information gathering (queries) for special reporting needs. One-way communication to hospitals, EMS, and healthcare centers. Results of queries must be requested from the EMS Performance Improvement Center (PIC).</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>NCSPARTA (WebEOC)</strong></td>
<td>Web interface with State EOC and emergency management operations statewide. Used for resource / mission requests, situational awareness, weather</td>
<td></td>
</tr>
<tr>
<td><strong>Monitoring, Reporting</strong></td>
<td><strong>IAP, situation reports, ICS forms, file library, secure messaging.</strong></td>
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<td>----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Messing and Mission Coordination</strong></td>
<td>Provided through laptop or other computer but requires internet connection to function. Primary mode for RHSC staff to transmit documents and data with each other and with other partnering agencies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Email</strong></td>
<td><strong>ServNC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Web interface with SMRS organizations and volunteers. Used for SMAT activation and notification of events, missions, mission rostering, information gathering (queries) and dissemination of messages. Provides a file library for response / recovery documents and secure messaging similar to WebEOC and NC Healthcare-WebEOC. May be more appropriate for tactical-level communication and resource documents.</strong></td>
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<tr>
<td><strong>Mapping and Facility Information</strong></td>
<td>GIS application providing information on <strong>all</strong> healthcare facilities regulated under DHHS - Division of Health Service Regulation. Used for gathering facility info, mapping facilities, weather, and hazards. Main source of information for nursing homes, mental health, long term and adult/elder care facilities.</td>
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</tr>
<tr>
<td><strong>Multi-Hazard Threat Database (MHTD)</strong></td>
<td><strong>Inventory Control and Asset Management (iCAM) System</strong></td>
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<tr>
<td><strong>Web interface with SMRS organizations. Used for inventory and resource tracking of SMRS equipment and supplies. System is active at all times and can be used to monitor equipment status/availability and supply par-levels to support/inform resource management decisions.</strong></td>
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Communications-Related Quick-Reference Guide Attachments

(Provide a table summarizing the various communications-related quick-reference guides and their content available under the Attachments section. (Title/Subject – Attachment letter – Content Summary))

Agency/Resource List

(Provide a table summarizing the agencies the RHSC may routinely communicate with and request assistance and/or resources from before, during, or after an event/incident and including any special procedures necessary for making requests and any organizations that the Healthcare Preparedness Coalition may have Memorandums of Understanding (MOUs) with. Agency-Roles/Resources-Resource Request Procedures)
## NORTH CAROLINA SMRS ESF-8
### INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. **Incident Name:**
   - ESF-8 DESK

2. **Date/Time Prepared:**
   - Date:
   - Time:

3. **Operational Period:**
   - Date From:
   - Date To:
   - Time From:
   - Time To:

4. **Basic Radio Channel Use:**

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<th>Assignment</th>
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<th>RX Tone/NAC</th>
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<th>Mode (A, D, or M)</th>
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5. **Special Remarks:**

6. **Prepared by** (Communications Unit Leader): Name: ___________________________ Signature: ___________________________

ICS 205 | IAP Page _____ | Date/Time: __________
DEMOBILIZATION (sample policy/procedure provided below)

**Purpose:**
This document is meant to assist the Healthcare Preparedness Coordinator (HPC), Regional Healthcare Support Cell staff (RHSC), and deployed SMRS leadership by providing a protocol for the efficient recovery from emergency operations back to normal daily operations. An efficient recovery is essential for ensuring that the transition back to regular operations is safe, controlled, and cost-effective.

**Scope:**
This document provides guidance for the phased demobilization and recovery from emergency response operations of State Medical Response System (SMRS) personnel, assets, and resources.

**Concept of Operations:**

**General**
As response objectives are achieved and the emergency situation comes under control, the Incident Commander may direct the demobilization of various response elements. This process includes:

- The collection of health records/reports and coordination with support agencies for continued response, care, or monitoring;
- The release of personnel and equipment assets which are no longer needed;
- The collection of fiscal and administrative documents generated as part of the response;
- The collection of response performance/evaluation reports, After Action Reports (from each response element), debriefing of incident management staff, and development of a Corrective Action Plan.

**Assessment & Decision to Demobilize**
At the beginning of every new operational period the Incident Commander, HPC/RHSC staff, or the ESF-8 Desk at the SEOC as appropriate, will make an assessment of the remaining response objectives and determine what response elements, if any, should be demobilized and recovered back to normal operations. If it is determined that further control and closure of the incident no longer requires all the response elements available, they will take the following actions:

- Determine the extent of the demobilization.
- Determine demobilization priorities.
- Determine constraints on demobilization.
- Task deployed SMRS team leaders with the development of a plan for the demobilization of SMRS resources.

**Incident Demobilization Planning and Implementation**
Once the decision has been made to demobilize the SMRS Team Leader will task the Demobilization Unit Leader (DUL) and Demobilization Team (DT) with the
development and implementation of a demobilization plan (refer to Roles & Responsibilities and SMRS Incident Demobilization Planning Guidance below).

In preparation for demobilization, the DT will work within the onsite ICS to create and maintain records for tracking and documenting the use of deployed resources, their return, condition on return, and lists of assets, personnel, expended resources (disposables and expendables) to detail any necessary reimbursement or required out-processing. Prior to demobilization, these lists must be approved by the Incident Commander or SEOC ESF-8 Desk, depending on the situation, and any expense reports must indicate that the Incident Commander or requesting organization may be responsible for reimbursement or replacement of items.

The SMRS Team Leader shall ensure that Team Closeout meetings have been completed, obtain names and phone numbers of all personnel demobilizing, and track them from onsite to home base. Demobilization is not complete until all units are back at home base and accounted for.

The HPC and RHSC staff can assist in pre and post demobilization communications and should be utilized to and to track resources. Once all units are accounted for at home base RHSC staff will document the fact and demobilize the RHSC.

**Incident Evaluation & Closeout**
Personnel identified for demobilization must receive a debriefing of incident events and have an opportunity to provide feedback on their performance.

Team Closeout Meetings will be utilized to debrief SMRS personnel that are released prior to the closeout of the incident. See **Team Closeout Meetings** below.

Incident Closeout Meetings will be utilized to summarize the events during the incident and provide feedback for use in the After Action Report/Corrective Action Plan. See **Incident Closeout Meetings** below.

**Roles & Responsibilities:**
Proper demobilization and recovery of SMRS assets to pre-incident operations requires the coordinated effort of all individuals under the incident command system.

The following is a summary of ICS position-specific responsibilities during demobilization and recovery. Individuals holding specific ICS positions should refer to their Job Action Sheets for more information.

**Incident Commander**
The Incident Commander will stay with the incident until its absolute conclusion and the “closing out” of the incident and is responsible for:

- Establishing release priorities
- Reviewing tentative release lists
- Approving resource orders and the demobilization plan
Approving the closeout meeting agenda and facilitating the final closeout meeting

**Liaison Officer**
The Liaison Officer will:
- Identify terms of agreements with assisting agencies in regard to release of the resources and special needs and forward this information to the Demobilization Unit Leader.
- Attend the Closeout Briefing.
- Attend any post-incident review activities with other agencies involved in the response and forward this information to the Documentation Unit Leader or other appropriate ICS section (e.g. logistics, Finance).

**Safety Officer**
The Safety Officer will:
- Ensure that leadership (directors, supervisors, leaders, etc.) collects documentation of injuries to responders which occur while on the incident and forwards this information to the Incident Commander and Finance Section Chief.
- Ensure that leadership considers the physical condition of personnel, travel regulations (if applicable), and assesses the ability of personnel to safely travel.
- Attend the Closeout Briefing.
- Attend any post-incident review activities with other agencies involved in the response.

**Operations Section**
The Operations Section Chief will:
- Identify operational resources that are, or will be, excess to the incident and prepare a list for Demobilization Unit Leader.
- Collect documentation of injuries to responders which occur while on the incident and forward to the Safety Officer.
- Collect all financial documentation and information for restitution and forward to the Finance Section Chief.
- Attend the Closeout Briefing

**Planning Section**
The Planning Section Chief will:
- Oversee the coordination and development of the demobilization plan; develop the closeout briefing (agenda and handouts) and assign appropriate tasks to the planning section unit leaders to accomplish these tasks.
- Facilitate Team Closeout Meetings
- Collect documentation of injuries to responders which occur while on the incident and forward to the Safety Officer.
- Collect all financial documentation and information for restitution and forward to the Finance Section Chief.
- Complete the After Action Report (AAR) for the incident after demobilization is complete.
Submit the AAR to the Director of the Office of Emergency Preparedness, North Carolina Office of Emergency Medical Services within 30 days of incident closeout.

**Demobilization Unit:** The Demobilization Unit Leader and Demobilization Team will develop the specific, individual plan document, and outline of the process, and monitor plan implementation.

**Documentation Unit:** The Documentation Unit Leader and staff will package all incident documentation for archiving with the responsible agency or jurisdiction.

**Resource Unit:** The Resource Unit Leader (RUL) assists the Demobilization Unit Leader in determining total resources assigned, home units, length of assignment, and travel needs. The RUL will also will identify planning resources that are, or will be, excess to the incident and prepares list for Demobilization Unit Leader.

**Logistics Section**
The Logistics Section Chief will:
- Oversee the coordination and execution of logistics unit tasks and ensure that unit leaders accomplish these tasks.
- Collect documentation of injuries to responders which occur while on the incident and forward to the Safety Officer.
- Collect all financial documentation and information for restitution and forward to the Finance Section Chief.
- Attend the Closeout Briefing.

**Facilities Unit:** The Facilities Unit Leader and staff are responsible for demobilizing all incident facilities, such as the command post and incident base. This Unit will inspect all sleeping and work areas and ensure that they are cleaned up and returned to their original condition before personnel are released.

**Supply Unit:** The Supply Unit and staff will collect, inventory, and arrange to refurbish, rehabilitate, or replace resources depleted, lost, or damaged at the incident. This will include: 1) Implementing an equipment inspection program to identify damage caused by use during the incident; and 2) Ensuring that all issued property items are returned or accounted for prior to release.

**Ground Support Unit:** The Ground Support Unit and staff will ensure that there will be adequate ground transportation during the release process and that vehicles are inspected. This will include: 1) Implementing transportation inspection program to identify damage caused by use during the incident; 2) Identifying and resolving special transport needs; and 3) Conducting safety checks on departure of released units.

**Communications Unit:** The Communications Unit and staff will identify and resolve any special communications needs and ensure that all radios not needed to maintain
communications after demobilization are returned or are accounted for. The Unit will inspect all communication equipment for damage caused by use during the incident.

**Food Unit:** The Food Unit will ensure that there will be adequate meals for those being released and for those remaining in camp.

**Finance and Administration Section**
The Finance Section Chief will:
- Collect any service documentation prior to units (resources) departing the incident to verify services and agreed-upon work schedules.
- Collect any documented damage claims to vehicles and equipment.
- Collect documentation of injuries to responders which occur while on the incident.
- Collect any other financial documentation and information for restitution.
- Process claims, time records, and incident costs, for released personnel and equipment.
- Assist the IC in determining release priorities.
- Attend the Closeout Briefing.
- Continue to complete any necessary incident-related documentation after incident demobilization.

**Other Leadership (branch directors, division/group supervisors, and unit leaders)**
These leaders will:
- Identify excess resources and provide lists and release priorities up their chains of command and through their Section Chiefs for forwarding to the Demobilization Unit Leader.
- Conduct Team Closeout Meetings with the assistance of the Planning Section prior to release and forward “Lessons Learned” and any performance recognition up their chains of command and through their Section Chiefs to the Documentation Unit Leader.

**HPC/RHSC Staff/SEOC ESF-8 Desk (as appropriate for the situation)**
Personnel in these roles will:
- Provide support to the DUL and DT
- Provide information for reassignment of released resources to other incidents
- Review tentative releases
- Notify the Demobilization Unit Leader with release approvals, reassignments, and travel information

**SMRS Incident Demobilization Planning Guidance:**
SMRS demobilization plans will contain a cover page and the following five (5) sections. Refer to the *Sample Demobilization Plan* below to review a sample plan.

**Cover Page:** This section will include the incident name and contain the signature blocks of the Planning Section Chief (as the preparer) and the other Section Chiefs, HPC (as appropriate), and Incident Commander/SMRS Team Leader (as approvers).
**General Information:** This section will further identify the incident and include the following points:
- Authorization for Demobilization
- Initiation of the release process
- Release location(s)
- Release restrictions/requirements
- Transport/travel requirements
- Closeout briefing requirements
- Coordination requirements
- Performance recognition
- Safety requirements and location(s) of safety checks

**Responsibilities:** This section will detail command and staff responsibilities for the implementation of the demobilization plan.

**General release priorities:** This section will detail the order of release approved by the incident command and general staff. The IC/TL and SMRS staff must consider the following factors when determining the priority of release:
- Number of resources that can be processed for release at one time
- Union work rules/policies
- Local, regional, state, or national guidance on release priorities
- Inter-agency policies/procedures or agreements (MOA/MOU)
- Safety requirements and regulations (e.g. required rest periods for drivers).

**Specific release procedures:** This section will detail the specific release procedures for the incident including:
- Critical resource identification
- Surplus resource release process
  - Command/general staff coordination
  - Released staff/unit responsibilities
  - Demobilization Unit responsibilities
- Travel information (work/rest requirements, permitting, other requirements)

**Directories (maps, telephone listings, etc.):** This section will provide any contact information, response area maps, specific convoy routes, or other information necessary to facilitate the demobilization.

**Team Closeout Meetings**
Team Closeout Meetings are short, informal sessions to debrief responders due to be released from an incident.

**Purpose:** The purpose for these meetings is to collect “lessons learned” information and recognize outstanding responder performance while incident actions are still fresh in responder’s minds. This information is critical to improving future response performance and enhancing the morale and of responders and their teammates.
Responsibilities: All incident leadership from the Unit Leader-level up, are expected to conduct team closeout meetings. These meetings must take place prior to release for the incident and/or the Incident Closeout Briefing. Planning Section staff will facilitate and document these meetings.

Format: The suggested format for these meetings is:
1. Debrief of current incident situation (given by Planning Section Staff).
2. Identify actions performed by the team (what, when, and how).
3. What went well?
4. What needs improvement?
5. What lessons were learned (corrective actions)?
6. Outstanding performance?

Incident Closeout Briefing
Purpose: The Incident Closeout Briefing is a formal meeting of SMRS incident command/general staff and remaining active SMRS personnel to summarize the events during the incident and provide feedback for use in the After Action Report/Corrective Action Plan.

Responsibilities: As discussed above, the meeting agenda will be developed by the Planning Section Chief and approved by the Incident Commander/Team Leader. The IC/TL or his designee may facilitate this meeting. Planning Section Staff will document the meeting. All staff remaining on the incident scene should attend this meeting.

Format: The suggested format for these meetings is:
1. Incident summary
2. Discussion of major events within the incident that may have lasting ramifications
3. Turnover of appropriate incident documentation, to include components that are not finalized
4. Allowing an opportunity for the SMRS staff to bring up concerns prior to the incident ending
5. A final evaluation of incident management by the SMRS leadership & staff

After Action Report: The following framework is suggested for the After-Action Report:
1. Report
   a. Accumulation of all incident documentation.
2. Investigation
   a. Cause
3. Analysis
   a. In-depth examination of deficiencies: plan, operational, and organizational.
4. Follow-up
   a. Present recommendations to correct the identified deficiencies.
   b. Designation of required actions and responsible parties.

The HPC/RHSC staff will ensure that an AAR is completed within thirty days of incident closeout and a CAP is produced within sixty days. The AAR and the CAP will be distributed to the Exercise Coordinator, other identified Healthcare Preparedness Coalition staff, identified
community partners, and grantees, as requested. The AAR and CAP from each exercise will be used to make improvements to SMRS emergency plans and improve future capabilities-based training and exercise planning.

REIMBURSEMENT

**Deployments not assigned by the SEOC:** Each Coalition adds their processes.

**SEOC-assigned Deployments:** All deployed teams must obtain a Mission Reimbursement Workbook from NCOEMS to be maintained throughout their deployment to capture operational costs and expenditures over the deployment. The workbook is tabulated with each tab used to capture a specific cost or expenditure. Deployed teams utilize the workbook to record transactions during deployment as they are incurred. A current copy of this workbook is maintained by NCOEMS in the Emergency Response Reporting Documents folder of the North Carolina Healthcare WebEOC File Library.

The Logistics Section Chief for deployed teams utilize the Materials, Rental Equipment, and Contracts tabs of the workbook which capture costs/expenditures of supply/resupply operations as they pertain to expended supplies (Materials), rented equipment (Rental Equipment), and purchased services (Contracts).

Once teams have demobilized and recovered home the SMAT Team Leaders review all recorded costs and expenditures with their Finance/Administration Lead and officially complete the Mission Reimbursement Workbook. SMATs submit completed workbooks to NCOEMS for review and approval within 25 days of team demobilization. NCOEMS submits approved workbooks to NCEM for reimbursement within 30 days of team demobilization.

The following set of procedures are the responsibility of the Logistics Section Chief and the Finance - Administration Lead for the deployed SMAT asset or their designees (e.g. Warehouse Unit Leader).

1) Generate ICAM reports (standard or ad hoc) to collect expense information necessary for reimbursement purposes and for the completion of the Mission Reimbursement Workbook (refer above to steps 1b-c in the On-Site Resupply section of the SMRS Resupply SOG and below).
   a) **Develop “Mission Reimbursement Report” in ICAM.** This report will assist the deployed SMAT in filling out the Mission Reimbursement Workbook required by NCEM for reimbursement. The workbook asks for the following information, if applicable, regarding purchases (corresponding iCAM term):
      i) **Item** (Description),
      ii) **Date Purchased** (Date Created),
      iii) **Stock #** (Part #).
   b) In the “View” tab drop down, run an “Inventory Deployment Transactions” report filtering the “Action” by “Issue” and “Date Created” by deployment dates to generate a list of supplies expended over the course of the deployment.
i) In the Transaction section type in “Issue”
ii) In the Date Created section filter to include dates ≥ the start date of the deployment
    and ≤ the end date of the deployment.
iii) Use the Field Chooser to add the data fields identified in a) and remove any other
    unwanted field.
iv) Format information as desired, export and print report.

2) **Complete draft of logistics tabs in Mission Reimbursement Workbook.**
   a) Utilize generated ICAM reports and other information as necessary to complete the
      **Materials, Rental Equipment, and Contracts** tabs of the Mission Reimbursement
      Workbook. Basic instructions are provided within the workbook and each tab.
      Information covering expended supplies are recorded in the Materials tab, rented
      equipment in the Rental Equipment tab, and purchased services in the Contracts tab.

3) **Review all expenditure reports and draft Mission Reimbursement Workbook with their
    Finance/Administration Lead and complete final copy.**

4) **Submit completed workbook to NCOEMS for review and approval within 25 days of
    team demobilization.**
R. Appendix E-2: SMRS Demobilization Checklist

**Purpose:**

To provide a standardized method of resource deactivation throughout the NC SMRS. Please check the boxes as tasks are completed. A copy of the completed SOG should accompany the completed ICS-221s for each deployed resource.

**Leadership Responsibilities:**

Section Chief and Unit Leaders are responsible for determining resources surplus to their needs and submitting lists to the Demobilization and Resources Unit Leader or the Planning Section Chief.

**Demobilization Unit Leader or (Planning Section) is responsible for:**
- Preparing the Demobilization Plan
- Compiling “Tentative” and “Final” Release sheets
- Making all notifications regarding tentative and final releases from the incident.
- Working with jurisdictional agency to arrange air transportation if needed
- Ensure all signatures are obtained on the Demobilization Checkout Form (ICS 221) for each resource/personnel.
- Monitors the Demobilization Process and makes any adjustments

**The Incident Command is responsible for:**
- Establishing the release priorities
- Review and approve the Demobilization plan
- Review and approve all tentative release sheets

**The Safety Officer is responsible for:**
- Identifying any special safety considerations for the Demobilization Plan

**The Planning Section Chief is responsible for:**
- Review and approval of the Demobilization plan

**The Logistics Section Chief is responsible for:**

Insuring through:
- Facilities - that all personnel scheduled for release have good facilities for proper rest
- Facilities - that all sleeping and work areas are cleaned up before personnel are released
- Supply - will ensure that all non-expendable items are returned or accounted for prior to release
- Transportation - will ensure that there is adequate ground transportation during the release process.
Communications - will ensure that all radios, phones, and others communications technology is returned or accounted for
Food unit leader - will ensure that there will be adequate meals for those being released and those remaining

**The Finance Section Chief is responsible for:**
- Completion of all personal and SMRS time reports
- Completion of all rental and SMRS equipment time reports
- Contract equipment payments as required

**Release procedures:**

*No resources are to leave the Incident until authorized to do so.*
- Section Chiefs and Unit Leaders will identify surpluses within their units and submit a list(s) to the Demobilization Unit leader in the Planning Section
- Demobilization unit will form a “tentative release” list for approval by the Incident Command
- Demobilization unit will work with resources to ensure that status board(s) are current
- Demobilization unit will give a minimum of 24-hours’ notice for all resources needing flight arrangements
- Demobilization unit will give transportation lead-time to arrange for ground transportation
- All leadership from Unit Leader-level up, will conduct Team Closeout and Incident Closeout meetings as appropriate.
- All Task Force Leaders, Single Resources, and Command & General Staff members will be thoroughly briefed on convoy operations prior to leaving the Incident. The convoy briefing should include:
  - Method of travel
  - Personnel
  - Destination
  - Estimated Time of Arrival (ETA) to Home Base
  - Transportation arrangements

When final approval for releases is obtained the Demobilization unit will:
- Prepare transportation manifests
- Notify Team Leaders and/or personnel to be released
- Give Team Leaders and/or personnel the final release and briefing
- Task Force Leader(s) and/or personnel will take the Demobilization Checkout Form (ICS 221) to obtain signatures from:
  - Communications Unit Leader: if communication equipment is issued
  - Transportation Unit Leader: transportation plan, rental vehicle issued, and vehicle safety inspection
  - Facilities Unit Leader: to insure all facilities are clean
  - Supply Unit Leader: ensure all non-expended supplies are returned
  - Finance Section: close out all personnel and equipment time records
  - Documentation Unit Leader: Turn in all ICS 214’s and any necessary paperwork
Demobilization Unit Leader: Turn in ICS 221 with all the signatures

Demobilization Unit will be the last stop in the release process and:

- Sign off the ICS 221 Demobilization Checkout Form
- Notify the Resource Unit so that “T” card information is complete
- Notify local agency and home unit of Estimated Time of Departure and Estimated Time of Arrival, destination, and travel arrangements
- Collect and send all Demobilization paperwork to the Documentation Unit

Travel Information:

- No person(s) will be released without having a MINIMUM of 8 hours rest. (All resources will have a minimum amount of rest prior to being released from the incident. All resources will meet any agency-specific requirements on hours of travel per day or other restrictions concerned with travel. *See current Federal Motor Carrier Safety Administration guidelines for Hours of Service at www.fmsca.dot.gov)
- Personnel traveling on commercial aircraft will be given time to shower and dress in clean clothes.
- Any heavy or oversize equipment must have appropriate permits and follow any limitations on the movement of their equipment on public highways
- During travel by ground resources should check in with the Planning Section Chief every 2 hours.
- During travel resources should check in with the Planning Section Chief immediately should any problems occur
- All vehicles leaving the incident will have a safety inspection, with any deficiencies noted or corrected
- If applicable, all oversize trailers MUST have appropriate permits to comply with State Vehicle Codes and State Department of Transportation and Highway Patrol requirements.
- All released resources will check-in with their Team Leadership upon arrival at their home unit.
- The Logistics Section will ensure appropriate ground transportation is available for all released personnel and equipment.
Table of Contents:

**Purpose**

**Scope**

**Definitions**
- Finance/Administration Lead – SMAT (F/AL)
- Logistics Section Chief – SMAT (LSC)
- Logistics Specialist – SMAT (LS)
- Logistics Support Section Chief - NCOEMS (LSSC)
- NCOEMS ESF-8A Desk
- SMRS State Medical Assistance Team (SMAT) Asset
- State Emergency Response Team – Emergency Services Group (SERT-ESG)
- Team Leader – SMAT (TL)
- Warehouse Specialist – SMAT (WS)
- Warehouse Unit Leader – SMAT (WUL)

**Concept of Operations**
- General
- Deployment (Initial Establishment of Supply Operations)
- On-Site Resupply (Warehouse co-located with SMAT Asset)
- Off-Site Resupply (Warehouse separate from SMAT Asset)
- Recovery (Reimbursement)

**Resupply Workflow Procedures**
- Initial Deployment
- On-Site Resupply
- Off-Site Resupply
- Recovery (Reimbursement)

**Appendices**
- Appendix A: Submittal of Resource Requests through NCSPARTA WebEOC
- Appendix B: Job Action Sheets
Purpose: To maximize the efficiency and effectiveness of resource management through the establishment of standard practices for resupply and reimbursement and the integration of those practices with the State Inventory Control and Asset Management (iCAM) system and other available resource management programs (NCSPARTA WebEOC).

Scope: This document details the administrative procedures and associated applications of resource management programs to be utilized by NCOEMS and State Medical Response System (SMRS) organizations in the deployment, resupply, reimbursement, and general management of equipment and supplies during their deployment. Specifically, this document guides its users in the deployment, receipt, tracking, movement, issue, resupply, and reimbursement of assets during a deployment.

Definitions

Finance/Administration Lead – SMAT (F/AL): Regional Healthcare Coalition staff member(s) responsible for SMAT financial reporting.

Logistics Section Chief – SMAT (LSC): Regional Healthcare Coalition Logistics Lead or other staff member with overall responsibility for logistics of the deployed SMAT asset. Operates on-site with the deployed SMAT asset.

Logistics Specialist – SMAT (LS): Regional Healthcare Coalition staff member(s) or volunteer(s) responsible for logistics activities under direction of the Logistics Section Chief. Operates on-site with the deployed SMAT asset.

Logistics Support Section Chief - NCOEMS (LSSC): NCOEMS Healthcare Preparedness, Response, and Recovery Logistics Coordinator or other staff member with responsibility for logistical support of deployed SMAT asset(s). Operates from the NCOEMS ESF-8A Desk at the State Emergency Operations Center (SEOC) or NCOEMS Support Cell as dictated by the situation.

NCOEMS ESF-8A Desk: Primary center for the coordination of State Medical Response System (SMRS) information and resources at the SEOC.

State Medical Assistance Team (SMAT) Asset: Any active and deployable asset or function maintained by NCOEMS and or Regional Healthcare Coalitions as part of the SMRS. Primary examples include State Medical Support Shelters and Field Medical Stations.

State Emergency Response Team – Emergency Services Group (SERT-ESG): Primary center for the coordination of ESF-6 (Human Services), ESF-8A (Health and Medical Services), and ESF-8B (Public Health Services) information and resources at the SEOC.
Team Leader – SMAT (TL): Regional Healthcare Coalition SMAT Team Leader or other staff member with overall responsibility for operation of the deployed SMAT asset. Operates on-site with the deployed SMAT asset.

Warehouse Specialist – SMAT (WS): Regional Healthcare Coalition staff member(s) or volunteer(s) responsible for warehouse logistics activities under direction of the Warehouse Unit Leader. Operates on-site with the deployed SMAT asset or off-site at a selected location depending on the concept of operation for resupply of the deployed SMAT asset.

Warehouse Unit Leader – SMAT (WUL): Regional Healthcare Coalition staff member or volunteer responsible for warehouse logistics activities (resupply trailer) under direction of the Logistics Section Chief. Operates on-site with the deployed SMAT asset or off-site at a selected location depending on the concept of operation for resupply of the deployed SMAT asset.

Concept of Operations

General: During disasters or other significant events which require the deployment of SMRS State Medical Assistance Team (SMAT) assets, the Logistics Section of the deployed SMAT asset, including its supporting Warehouse Unit (co-located or not) coordinates with the Logistics Support Section of the NCOEMS ESF-8A Desk at the State Emergency Operations Center (SEOC) to ensure that the resupply needs and expenditures of the deployed SMAT asset are properly met and managed from deployment through recovery.

SMRS assets will deploy with 72-hours of supply. Requests for/use of equipment and supplies during a deployment will be provided from stocks belonging to the deployed SMAT asset and then from any supporting team deployed with them and older supplies will be used before newer. These practices help bring SMAT inventories down to new par levels, rotate inventory to avoid expiration, and minimize overall resupply expenses. Any resources that cannot be provided internally are requested via formal Resource Request to the NCOEMS ESF-8A Desk through NCSPARTA WebEOC.

As stocks belonging to the deployed teams and supporting teams are exhausted additional equipment and supplies necessary to support the mission may be obtained through the following options:
1. Mobilization of supply caches of other SMATs which are not deployed/not planned to be deployed
2. Activation of pre-planned supply caches provided through contract with medical supply distributors
3. Activation of internal resupply agreements between the deployed SMAT(s) and their Lead Hospital(s)
4. Initiation of Convenience Contracts through the State Emergency Response Team – Emergency Services Group (SERT-ESG)
Activation/initiation of options 2-4 requires pre-approved funding through NCEM. In these situations, the NCOEMS ESF-8A Desk coordinates directly with the SERT-ESG to obtain funding approval.

Deployment (Initial Establishment of Supply Operations): Upon receipt of a verified SMAT mission from the SERT-ESG, the NCOEMS ESF-8A Desk:
1. Determines the facilities and SMAT assets necessary to meet the mission,
   a. One or more facilities with on-site resupply
   b. One or more facilities with off-site resupply
2. Notifies the appropriate SMAT leadership for deployment, and
3. Tracks the deployment and assists SMAT leadership, as necessary, to establish operations
   a. The NCOEMS Logistics Support Section Chief (LSSC) prepares the iCAM system for the deployment in accordance with mission parameters (see Resupply Workflow Procedures)

Upon notification and mission receipt SMAT leadership:
1. Mobilizes and deploys the requested SMAT assets in accordance with established team procedures, and
2. Establishes SMAT asset in the designated area(s) of operation in accordance with the mission
   a. The SMAT Logistics Section Chief and/or Warehouse Unit Leader prepare the iCAM system for the deployment and establish on-site and/or off-site logistics operations in accordance with mission parameters. (see Resupply Workflow Procedures)

Stable, continuous Internet connectivity is a mandatory requirement for the use of iCAM and associated resource management programs.

On-Site Resupply (Warehouse co-located with SMAT Asset): Recommended in most cases. This type of operation provides a streamlined supply chain that does not require an additional transportation function between the warehouse and SMAT asset. In facilities set up in this manner the Warehouse Unit Leader (1), Warehouse Specialists (2), and any necessary material storage (53’ resupply trailer) and material handling (forklift, pallet jack) equipment are co-located with the deployed asset and fall under the direct supervision of the Logistics Section Chief.

Off-Site Resupply (Warehouse separate from SMAT Asset): Recommended if multiple teams/resources are deployed to more than one location and the onsite supplies are being utilized quickly that a central supply/warehousing operation be established. The Off-Site Warehouse operates as an extension of the logistics section under the Logistics Section Chief and is located in a central, secure, location to provide resupply for those multiple sites (e.g. Kinston, NC). Required staffing, infrastructure and equipment for the operation of an Off-Site Warehouse includes the following:

- **Staffing:** Three personnel from a supporting SMAT including a Warehouse Unit Leader (1), and Warehouse Specialists (2).
- **Equipment:** One (1) tractor, two (2) 53’ resupply trailers (with their original inventory), one (1) forklift, and two (2) trucks (pick-up type) capable of moving supplies from the Off-Site Warehouse to the SMAT asset sites. One (1) 19ft. X 35ft. depending on the operational situation (see below).

- **Infrastructure:** Workspace for unpacking, shipping and receiving. At minimum, one (1) 19ft. X 35ft. shelter or tent if warehouse space is not available. Stable, continuous Internet connectivity.

**Recovery (Reimbursement):** All deployed teams maintain a **Mission Reimbursement Workbook** throughout their deployment to capture operational costs and expenditures over the deployment. The workbook is tabulated with each tab used to capture a specific cost or expenditure. Deployed teams utilize the workbook to record transactions during deployment as they are incurred. A current copy of this workbook is maintained by NCOEMS in the **Emergency Response Reporting Documents** folder of the North Carolina Healthcare WebEOC File Library.

The Logistics Section Chief for deployed teams utilize the **Materials, Rental Equipment, and Contracts** tabs of the workbook which capture costs/expenditures of supply/resupply operations as they pertain to expended supplies (Materials), rented equipment (Rental Equipment), and purchased services (Contracts).

Once teams have demobilized and recovered home the SMAT Team Leaders review all recorded costs and expenditures with their Finance/Administration Lead and officially complete the Mission Reimbursement Workbook. SMATs submit completed workbooks to NCOEMS for review and approval within 25 days of team demobilization. NCOEMS submits approved workbooks to NCEM for reimbursement within 30 days of team demobilization.
1) NCOEMS Logistics Support Section Chief, their designee or other ICAM senior administrator, accesses ICAM and creates the following:
   a) “Event” – Match the name given by Emergency Management (EM) if applicable.
      i) Tools > Inventory Setup > Events and Deployments > + New Event
         (1) Example:
            (a) Hurricane Irene
b) “Deployment” – Represents the various deployment locations within the event.
i) Tools > Inventory Setup > Events and Deployments > + New Event
   (1) Example:
      (a) Hurricane Irene > Greenville, Walter B Jones
c) “Contact” – To reference the “Event” for the purposes of reimbursement in ICAM.
i) View > Contacts > + New Contact (Same name as “Event”)
   (1) Example:
      (a) First name: Hurricane
      (b) Last name: Irene

2) SMAT Team Leader receives mission from NCOEMS ESF-8A Desk or other Authority Having Jurisdiction (AHJ) and briefs SMAT personnel in accordance with internal team procedures.

3) SMAT Team Leader and Logistics Section Chief determine which resources will be utilized to fulfill the mission.
a) Each team will deploy the appropriate package to support the mission in ICAM.

4) Logistics Section Chief (team deploying SMAT asset(s) to the area of operation) prepares ICAM for deployment:
a) Virtually deploy the assigned resources in ICAM to the appropriate “Event” and “Deployment” location.
   i) To deploy a trailer to location: Home > Select the resource in the location tree > Right click > Deploy items
   ii) To deploy an individual item: Home > locate item in inventory > Right click item > Deploy items
b) Create a new virtual “Location” in one of their assets that will be physically at the site. The location will be titled “1. Receiving” this will be the virtual reception site for any inventory being transferred from a supporting team.
i) Tools > Inventory Setup > Locations
   (1) Example:
      (a) Metrolina RAC > 53’ Trailer > 1. Receiving
On-Site Resupply

North Carolina
State Medical Response System
Onsite Resupply Process

1. Identify Locations to be INVENTORIED
2. Manually Count the Locations
3. Compare to "Deployed" Inventory in ICAM
4. ISSUE any used supplies to the Event Contact created by NC OEMS
5. Save for Reimbursement Records
6. Generate an Issued Transaction Report

Can supplies be restocked from items on

- YES
  - Identify and Move in ICAM
  - Item needed Emergently?
    - YES
      - Make Appropriate Notifications:
        - Onsite Leadership
        - Local/Onsite EM Rep
        - ESF-8 Desk
      - Purchase Locally
      - Enter into ICAM
    - NO
      - Create Order For Warehouse
      - Submit for onsite approval

- NO
  - Submit to OEMS/EM
  - If approved, order will be sent to Warehouse or other source for fulfillment
  - Virtually and Physically receive items

Physically Restock
The following set of procedures are the responsibility of the Logistics Section Chief or their designee.

1) During each night operation period utilizing the inventory process established by their team, Logistics Specialists or other assigned personnel on duty will assess each case, cart or location that is being used for “working” supplies and in the **Deployed Inventory tab**:
   a) “Issue” in ICAM the inventory utilized that day from that particular location in order to adjust the virtual par level to the actual. Items are to be issued to the “Contact” created by NCOEMS for the “Event”.
      i) Deployed Inventory tab > Right click on the item (ensure correct location is selected) > Issue > enter quantity used > issue to “Contact” created for the “Event” > Submit
   b) In the “View” drop down, run an “Inventory Deployment Transactions” report filtering the “Action” by “Issue” and the date by the previous day to generate a pick list for supplies needed from the local supply.
      i) In the Transaction section type in “Issue”
      ii) In the Date Created section filter to the appropriate date
      iii) Export and print report.
   c) **Optional method:** An “Issue Transaction Report” can also be obtained under the Reports tab.
      i) Reports tab > transaction history > facility = asset owner > report = Issue Transactions > set dates
   d) Physically restock and virtually “Move” in ICAM the on-site resupply to the working containers where the shortages are identified.

2) If needed, Logistics Specialists will develop an order for approval of supplies and materials needed to restock their location based on the amount on-hand, daily usage, anticipated delivery time, internal or external vendors, etc.

3) Submit order to the Warehouse Unit Leader (On-Site or Off-Site, depending on the resupply concept being used) for review and filling. Refer to Off-Site Resupply section of this SOG for actions performed by the Warehouse Unit Leader.

4) Orders for equipment and supplies that cannot be filled by the Logistics Section (including the Warehouse Unit) must be submitted to the SEOC ESF-8A Desk via **Resource Request in NCSPARTA WebEOC**.
   a) Collect the information necessary to submit and order (resource request) for approval and through NCSPARTA WebEOC, refer to **Appendix A: Submittal of Resource Requests Through NCSPARTA WebEOC**.

5) Order information will be presented to the Logistics Section Chief for approval. Subsequently the order will be approved for purchasing by the SMAT Team Leader or other appropriate person onsite having the authority to purchase.
   a) Once approved for purchase the Logistics Section Chief, Warehouse Unit Leader, or other designated Logistics Section staff, as determined by the Logistics Section Chief,
will submit the order for filling in NCSPARTA WebEOC. Refer to Off-Site Resupply section of this SOG if operating under the Off-Site Resupply concept.

b) Submit resource request order in NCSPARTA WebEOC, refer to **Appendix A: Submittal of Resource Requests Through NCSPARTA WebEOC.**

c) Upon the receipt of the request the NCOEMS ESF-8A Desk in coordination with the SERT-ESG will fill the request within its selected Priority. Requests will be filled using the following rationale:
   i) Fill request from other SMAT
   ii) Fill request from another resource option

6) In the event of local “Emergent” orders that are fulfilled locally with cash or credit cards or other means, the items procured will be entered into ICAM (Add Item) by the Logistics Section Chief, Logistics Specialist, or other designee. This process will allow for tracking and resupply through regular, approved purchasing processes.

7) Equipment/supplies which are purchased emergently or otherwise received on-site from outside vendors or businesses must be “Added” into ICAM and “Deployed” to the appropriate Event and Location before use. If the item(s) do not have an existing Master Definition, one must be created before adding. In the Deployed Inventory tab:
   a) Add Inventory Master Def > Create master definition for item in dialog box(s) > Submit
   b) Add Items > Select the virtual reception site (“1. Receiving” site) created for on-site resupply as the items Location and complete the rest of the Add Items dialog box(s) > Submit
   c) Deploy Items > Select the new added item(s) by Location or Item description > Select appropriate Event & Deployment information and complete the rest of the Deploy Items dialog box > Submit
      i) If Master Definition already exists for the item, step a) is skipped
      ii) When adding items extreme caution must be taken to identify supplies and materials that were direct-billed to the state as such, this will minimize the possibility that they are not double-invoiced in the final expense reconciliation. The entry should occur in the “Status” field selecting “State direct billed” when items are being “Added” to the program.
The following set of procedures are the responsibility of the Warehouse Unit Leader or their designee.

1) Orders for equipment and supplies will be transmitted to the Warehouse Unit Leader for the Warehouse who will determine if the order can be pulled from existing stock or need to be provided by and external vendor.
   a) Internal orders will be picked and delivered as soon as a runner is available, and circumstances permit.
   b) External requests will be submitted to the ESF-8 desk at the SEOC ESF-8A Desk via Resource Request in NCSPARTA WebEOC as noted above (refer to step 4 in On-Site Resupply). Once the request is received it will be filled using the following rationale:
      i) Fill request from other SMAT
      ii) Fill request from other SMRS resource
      iii) Push request to NCEM-ESG to be filled by NCEM-Logistics
2) The Warehouse Unit Leader will communicate back to the ordering Logistics Section Chief the ETA of internal supplies and when known, external supplies. It shall be the responsibility of the Warehouse Unit Leader to track all pending orders and receive and forward daily updates on each pending order.

3) Inventory that is received from outside vendors must be “Added” into ICAM by the Warehouse Unit Leader, Warehouse Specialists, or other designee. If the item(s) do not have an existing Master Definition, one must be created before adding. In the Deployed Inventory tab:
   a) Add Inventory Master Def > Create master definition for item in dialog box(s) > Submit
   b) Add Items > Select the virtual reception site (“1. Receiving” site) created for on-site resupply as the items Location and complete the rest of the Add Items dialog box(s) > Submit
   c) Deploy Items > Select the new added item(s) by Location or Item description > Select appropriate Event & Deployment information and complete the rest of the Deploy Items dialog box > Submit
      i) If Master Definition already exists for the item, step a) is skipped
      ii) When adding items extreme caution must be taken to identify supplies and materials that were direct-billed to the state as such, this will minimize the possibility that they are not double-invoiced in the final expense reconciliation. The entry should occur in the “Status” field selecting “State direct billed” when items are being “Added” to the program.

4) If the Logistics Section Chief requesting the ordered equipment/supplies owns the Resupply Trailer from which they are being provided, then as the order is being pulled for delivery by the warehouse staff they will “Move” the items from the Resupply trailer to the “1.Receiving” location at the appropriate site in ICAM.
   a. For example:
      i. If MHPC owns the resupply trailer at the warehouse and the SMSS trailer at the O’Berry Center, the items would be “Moved” from the Resupply trailer to the “1.Receiving” location in the SMSS Trailer.

5) If the Logistics Section Chief requesting the ordered equipment/supplies does not own the Resupply Trailer from which they are being provided, then the warehouse staff will do a "Facility Transfer" of the items in ICAM. The items will be moved from the owner's Resupply trailer to the "1.Receiving" location at the appropriate site.
   a) For example:
      i) If MHPC owns the resupply trailer in Kinston, NC, but MATRAC owns the SMSS trailer at the O’Berry Center, the items will be "transferred" from MHPC's Resupply trailer to MATRAC's "1.Receiving" location in the SMSS Trailer.

6) Resources for resupply should be pulled from the stocks belonging to the deployed SMAT asset before being pulled from any other available source.

7) Care must be taken to ensure that older stock be used first when pulling for restock.
Recovery (Reimbursement)

The following set of procedures are the responsibility of the Logistics Section Chief and the Finance - Administration Lead for the deployed SMAT asset or their designees (e.g. Warehouse Unit Leader).

1) Generate ICAM reports (standard or ad hoc) to collect expense information necessary for reimbursement purposes and for the completion of the Mission Reimbursement Workbook (refer above to steps 1b-c in On-Site Resupply and below).
   a) Develop “Mission Reimbursement Report” in ICAM. This report will assist the deployed SMAT in filling out the Mission Reimbursement Workbook required by NCEM for reimbursement. The workbook asks for the following information, if applicable, regarding purchases (corresponding iCAM term):
      i) **Item** (Description),
      ii) **Date Purchased** (Date Created),
      iii) **Stock #** (Part #).
   b) In the “View” tab drop down, run an “Inventory Deployment Transactions” report filtering the “Action” by “Issue” and “Date Created” by deployment dates to generate a list of supplies expended over the course of the deployment.
      i) In the Transaction section type in “Issue”
      ii) In the Date Created section filter to include dates ≥ the start date of the deployment
         and ≤ the end date of the deployment.
      iii) Use the Field Chooser to add the data fields identified in a) and remove any other unwanted field.
      iv) Format information as desired, export and print report.

2) Complete draft of logistics tabs in Mission Reimbursement Workbook.
   a) Utilize generated ICAM reports and other information as necessary to complete the **Materials**, **Rental Equipment**, and **Contracts** tabs of the Mission Reimbursement Workbook. Basic instructions are provided within the workbook and each tab. Information covering expended supplies are recorded in the Materials tab, rented equipment in the Rental Equipment tab, and purchased services in the Contracts tab.

3) Review all expenditure reports and draft Mission Reimbursement Workbook with their Finance/Administration Lead and complete final copy.

4) Submit completed workbook to NCOEMS for review and approval within 25 days of team demobilization.
APPENDICES

Appendix A: Submittal of Resource Requests Through NCSPARTA WebEOC

Information Collection: The following information must be collected to properly submit an order in NCSPARTA WebEOC:

1. Requester Information Section
   a. Name: WebEOC login Name of user will automatically populate.
   b. Agency: WebEOC login Agency of user will automatically populate.
   c. Date/Time: The current time will automatically populate.
   d. Priority: Choose how soon the resource is needed.
      i. Low - Indicates the request is needed within 48 hours.
      ii. Medium - Indicates that the resource is needed within 24-48 hours.
      iii. High - Indicates that the resource needs to be received immediately due to a life threatening situation; needed within 24 hours.
      iv. Flash - Life saving, required urgently and immediately.
   e. Entry Type: Choose Resource Request. This entry is a resource request to be filled by the state or through mutual aid. The Position Log will expand to allow the user to input resource information.
   f. Description: Enter any additional information describing the entry, incident, or resource needed. Be as descriptive as possible.

2. Resource Request Section
   a. Resource Type: Enter the type of resource needed. (I.e. Food, Water, Truck, Generator, Personnel, Transport, etc.)
   b. Need By Date/Time: Enter the date/time the resource needed. The default date/time will be the current date/time.
   c. Resource Category: Choose one of the options: Crew, Supplies, Equipment or Overhead
   d. Size: If applicable enter the size of the resource.
   e. Amount: If applicable enter the number of resources needed.
   f. Duration Needed: If the resource is expendable, enter an approximate length of time the resource is needed. (i.e. 4-5 hours, However long to clear out debris, Duration of event)
   g. Resource Use: Describe what the resource will be used for.

3. Resource Location Section
   a. POC at Location: Enter the first and last name of the person who will be receiving the resource at the location needed. | Preferred Format: Jane Doe |
   b. Phone # at Location: Enter the phone number of the person who will be receiving the resource at the location needed. | Preferred Format: (910) 555-5555 |
   c. County: This read only field is used to update Tasks on the Workstation Viewer
   d. Requesting Agency: Enter the name of the organization/agency requesting the resource.
   e. Requestor Name: Enter the first and last name of the person requesting the resource.
Order Submittal: Follow the procedures listed below to properly submit an order (resource request) in NCSPARTA WebEOC:

1. Access NCSPARTA WebEOC (https://www.ncsparta.net/eoc7/) and input the following information:
   a. **Jurisdiction**: Emergency Services
   b. **User**: DHHS-OEMS Duke RAC (example if DRAC is requester)
   c. **Password**: dhhs$em$, click OK
   d. **Incident**: Scroll and select the appropriate incident from the drop-down menu, click OK
   e. **Name**: Enter your name
   f. **Location**: Enter your location
   g. **Phone**: Enter your phone number
   h. **E-mail**: Enter your email address, click OK

2. Navigate to NCSPARTA WebEOC board menu
3. Scroll down the board menu to the **Position Log** board.
4. Click on **Position Log** to access the Position Log board.
5. Click on the **Add New Significant Event or Resource Request** tab at the top of the board to open up the Resource Request Form (RRF). Name, Agency, and Date/Time information will auto-populate.
6. Select **Priority** to indicate how soon the resource is needed.
7. Select **Entry Type** and choose **Resource Request**. This will expand the form to allow the user to input resource request and location information.
8. Enter any additional information describing the entry, incident, or resource needed in the **Description** box. Be as descriptive as possible.
9. Complete the RRF with the resource request/location information collected for the order.
10. Scroll back up to the top of the Resource Request page and click **SAVE** to send request to the SEOC ESF-8A Desk.
Appendix B: Job Action Sheets

North Carolina State Medical Response System

Job Action Sheet

The intent of this Job Action Sheet (JAS) is to provide guidance to NCSMRS staff assigned to an incident response role. This JAS simply illustrates tasks that may be executed by the individual in this position, however; that person is not limited to solely performing the tasks outlined in this JAS and reserves the right to modify tasks as he or she sees fit as long as it meets the intent of the Incident Command System (ICS).

Logistics Section Chief

Reports to: SMAT Team Leader

Mission: To organize, coordinate, and direct the provision of resources and other support services necessary to ensure that the State Medical Assistance Team can meet their mission objectives as established in the IAP.

Staffing: Regional Healthcare Coalition Logistics Lead or other staff member with overall responsibility for logistics of the deployed SMAT asset. Operates on-site with the deployed SMAT asset.

Key Tasks: Responsible to the SMAT Team Leader, or their designee, for the provision and maintenance of necessary resources and support services to the SMAT. Provides oversight and direction to all Logistics Section Unit Leaders and Specialists and ensures that their efforts are focused on accomplishing logistics objectives detailed in the IAP. Responsible for providing situation reports to the SMAT Team Leader according to the established schedule, conducting/directing all supply/re-supply actions using designated resource management programs (e.g. iCAM/NCSPARTA WebEOC) or manually, and the timely completion of the section’s Unit Activity Log (214).

Actions:

- Receive initial briefing from the SMAT Team Leader
- Read this entire Job Action Sheet and review incident organizational chart (ICS Form 207)
- Coordinate with SMRS staff not already activated and activate additional staff for the Logistics Section as determined by the SMAT Team Leader:
  - Warehouse Unit Leader (Supply Unit Leader)
- Logistics Specialist
- Warehouse Specialist

- Brief activated Logistics Section staff and distribute Job Action Sheets (JASs)
- Organize the Logistics Section for deployment and direct the use of appropriate Standard Operating Guidance (SOG) (e.g. SMRS ICAM Workflow, Team-specific SOGs, etc.) and coordinate reporting responsibilities
- Coordinate the request of additional resources necessary to support the Logistics Section
- Notify SMAT Team Leader when the Logistics Section is operational
- Conduct and/or direct necessary supply/re-supply actions in accordance with the SMRS ICAM Workflow SOG, specifically:
  - Add items to the inventory and edit item information (within facility)
  - Add maintenance records to inventory items (within facility)
  - Check-in/check-out inventory items (equipment that is durable and expected to be returned; includes controlled substances/hazardous materials)
  - Import inventory items to system (via .csv file)
  - Issue inventory items (equipment that will not be returned, e.g. transfer to another facility or a disposable supply item)
  - Move inventory items from one site and/or location to another (within a facility)
  - View all facilities inventory
  - Receive notifications of expired inventory.
  - Receive notifications of inter-facility transfers.
  - Receive notifications of reorder notifications.
  - Update inventory conditions (excellent, good, fair, poor)
  - Update inventory statuses (available, assigned, on hold, out-of-service)
- Document all activity on Unit Log (ICS Form 214)
- Observe all staff, for signs of stress and report any safety concerns or issues to Safety Officer.
- Provide rest periods and relief for staff
- Evaluate performance of logistics personnel
- Prepare end of shift report and brief the oncoming LSC
- Give records and logs to the Documentation Unit at the end of each operational period
- Respond to Demobilization Plan
  - Recommend release of unit resources in conformity with Demobilization Plan
  - Brief subordinates regarding demobilization
  - Participate in post event critique/hotwash

**Relevant Form(s):**

ICS-213: General Message

ICS-213RR: Resource Request

ICS-214: Unit/Activity Log

ICS-215: Operation Planning Worksheet
North Carolina State Medical Response System

Job Action Sheet

The intent of this Job Action Sheet (JAS) is to provide guidance to NCSMRS staff assigned to an incident response role. This JAS simply illustrates tasks that may be executed by the individual in this position, however; that person is not limited to solely performing the tasks outlined in this JAS and reserves the right to modify tasks as he or she sees fit as long as it meets the intent of the Incident Command System (ICS).

**Logistics Specialist**

Reports to: Logistics Section Chief

**Mission:** To perform logistics functions and other support services necessary to ensure that the State Medical Assistance Team can meet their mission objectives as established in the IAP.

**Staffing:** Regional Healthcare Coalition staff member(s) or volunteer(s), trained in SMRS logistics functions and/or otherwise responsible for logistics activities under direction of the Logistics Section Chief. Operates on-site with the deployed SMAT asset.

**Key Tasks:** Responsible to the Logistics Section Chief, or their designee, for the provision and maintenance of necessary resources and support services to the SMAT. Responsible for performing all assigned supply/re-supply actions, using designated resource management programs (e.g. iCAM / NCSPARTA WebEOC) or manually, as necessary.

**Actions:**
- Receive initial briefing from the Logistics Section Chief
- Read this entire Job Action Sheet and review incident organizational chart (ICS Form 207)
- Review and utilize appropriate Standard Operating Guidance (SOG) (e.g. SMRS ICAM Workflow, Team-specific SOGs, etc.)
- Perform all tasks as assigned in support of the deployment and establishment of logistics operations
- Conduct necessary supply/re-supply actions in accordance with the SMRS ICAM Workflow SOG, specifically:
  - Add items to the inventory and edit item information (within facility)
  - Add maintenance records to inventory items (within facility)
  - Check-in/check-out inventory items (equipment that is durable and expected to be returned; includes controlled substances/hazardous materials)
  - Import inventory items to system (via .csv file)
- Issue inventory items (equipment that will not be returned, e.g. transfer to another facility or a disposable supply item)
- Move inventory items from one site and/or location to another (within a facility)
- Update inventory conditions (excellent, good, fair, poor)
- Update inventory statuses (available, assigned, on hold, out-of-service)

- Document all activity on Unit Log (ICS Form 214)
- Report any safety concerns or issues to the Logistics Section Chief or Safety Officer.
- Prepare end of shift report and brief oncoming Logistics Specialist
- Perform all necessary actions as assigned in accordance with plans for demobilization
  - Participate in post event critique/hotwash

**Relevant Form(s):**

ICS-213: General Message

ICS-213RR: Resource Request
North Carolina State Medical Response System

Job Action Sheet

The intent of this Job Action Sheet (JAS) is to provide guidance to NCSMRS staff assigned to an incident response role. This JAS simply illustrates tasks that may be executed by the individual in this position, however; that person is not limited to solely performing the tasks outlined in this JAS and reserves the right to modify tasks as he or she sees fit as long as it meets the intent of the Incident Command System (ICS).

Mission: To order, receive, store, and distribute all resources (equipment, supplies, etc.) needed by the deployed State Medical Assistance Team(s) involved in incident response and/or recovery operations. This unit also maintains/monitors supply inventories and provides/coordinates services for non-expendable supplies and equipment.

Staffing: Regional Healthcare Coalition Logistics Lead or other staff member with overall responsibility for warehouse activities (resupply trailer) under direction of the Logistics Section Chief. Operates on-site with the deployed SMAT asset or off-site at a selected location depending on the concept of operation for resupply of the deployed SMAT asset.

Key Tasks: Responsible to the Logistics Section Chief, or their designee, for the ordering, receipt, storage, distribution, and maintenance of equipment/supplies and support services to the SMAT. Provides oversight and direction to Warehouse Specialists and ensures that their efforts are focused on accomplishing logistics objectives detailed in the IAP. Responsible for providing situation reports to the Logistics Section Chief according to the established schedule, conducting/directing all supply/re-supply actions using designated resource management programs (e.g. iCAM/NCSPARTA WebEOC) or manually, and the timely completion of the section’s Unit Activity Log (214).

Actions:
- Receive initial briefing from the Logistics Section Chief
- Read this entire Job Action Sheet and review incident organizational chart (ICS Form 207)
- Assist the Logistics Section Chief (LSC) with organization and establishment of the Logistics Section
  - Direct the use of appropriate Standard Operating Guidance (SOG) (e.g. SMRS ICAM Workflow, Team-specific SOGs, etc.) and coordinate reporting responsibilities with warehouse staff

Warehouse Unit Leader

Reports to: Logistics Section Chief

Logistics Staff
- Forward any reported/identified equipment/supply issues to the Logistics Section Chief for review/resolution
  - Review current IAP, situation reports, logistics section taskings, and utilize activated systems and management programs (iCAM/NCSPARTA WebEOC) to identify and address resource needs
- Conduct and/or direct necessary supply/re-supply actions in accordance with the SMRS ICAM Workflow SOG, specifically:
  - Add items to the inventory and edit item information (within facility)
  - Add maintenance records to inventory items (within facility)
  - Check-in/check-out inventory items (equipment that is durable and expected to be returned; includes controlled substances/hazardous materials)
  - Import inventory items to system (via .csv file)
  - Issue inventory items (equipment that will not be returned, e.g. transfer to another facility or a disposable supply item)
  - Move inventory items from one site and/or location to another (within a facility)
  - View all facilities inventory
  - Receive notifications of expired inventory.
  - Receive notifications of inter-facility transfers.
  - Receive notifications of reorder notifications.
  - Update inventory conditions (excellent, good, fair, poor)
  - Update inventory statuses (available, assigned, on hold, out-of-service)
- Develop and implement equipment/supply safety and security requirements
- Maintain records (receipts, etc.) on all ordered resources and ensure a system for accountability is established
- Submit status reports to the Logistics Section Chief as requested and document all activity on Unit Log (ICS Form 214)
- Observe all staff, for signs of stress and report any safety concerns or issues to Safety Officer.
- Provide rest periods and relief for staff
- Evaluate performance of logistics personnel
- Prepare end of shift report and brief the oncoming WUL
- Assist LSC with the implementation of Demobilization Plans
  - Recover equipment from demobilized units, if necessary
  - Brief subordinates regarding demobilization
  - Participate in post event critique/hotwash

**Relevant Form(s):**

ICS-213: General Message

ICS-213RR: Resource Request

ICS-214: Unit/Activity Log
North Carolina State Medical Response System

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Mission: To perform logistics functions and other support services necessary to ensure that the State Medical Assistance Team can meet their mission objectives as established in the IAP.

Staffing: Regional Healthcare Coalition staff member(s) or volunteer(s) responsible for warehouse activities under direction of the Warehouse Unit Leader. Operates on-site with the deployed SMAT asset or off-site at a selected location depending on the concept of operation for resupply of the deployed SMAT asset.

Key Tasks: Responsible to the Warehouse Unit Leader, or their designee, for the ordering, receipt, storage, distribution, and maintenance of equipment/supplies and support services to the SMAT. Responsible for performing all assigned supply/re-supply actions, using designated resource management programs (e.g. iCAM/NCSPARTA WebEOC) or manually, as necessary.

Actions:
- Receive initial briefing from the Warehouse Unit Leader
- Read this entire Job Action Sheet and review incident organizational chart (ICS Form 207)
- Review and utilize appropriate Standard Operating Guidance (SOG) (e.g. SMRS ICAM Workflow, Team-specific SOGs, etc.)
- Perform all tasks assigned in support of the deployment and establishment of the warehouse unit
- Conduct necessary supply/re-supply actions in accordance with the SMRS ICAM Workflow SOG, specifically:
  - Add items to the inventory and edit item information (within facility)
  - Add maintenance records to inventory items (within facility)
  - Check-in/check-out inventory items (equipment that is durable and expected to be returned; includes controlled substances/hazardous materials)
  - Import inventory items to system (via .csv file)
- Issue inventory items (equipment that will not be returned, e.g. transfer to another facility or a disposable supply item)
- Move inventory items from one site and/or location to another (within a facility)
- Update inventory conditions (excellent, good, fair, poor)
- Update inventory statuses (available, assigned, on hold, out-of-service)
- Assist the WUL with the maintenance of records (receipts, etc.) on all ordered resources
- Document all activity on Unit Log (ICS Form 214)
- Report any safety concerns or issues to the Logistics Section Chief or Safety Officer
- Prepare end of shift report and brief the oncoming Warehouse Specialist
- Perform all necessary actions as assigned in accordance with plans for demobilization
  - Assist in the recover equipment from demobilized units
  - Participate in post event critique/hotwash

**Relevant Form(s):**

ICS-213: General Message

ICS-213RR: Resource Request