

Upper Cumberland Healthcare Preparedness Coalition

2021-2022 Annual Strategic Training and Work Plan

Mission

The mission of the Upper Cumberland Healthcare Preparedness Coalition (UCHPC) is to assist the health care community and other emergency response agencies to jointly prepare for, respond to and recover from disaster events. The coalition supports collaborative planning and information sharing among a broad range of healthcare partners in order to protect, promote, and improve the health and prosperity of people in the Upper Cumberland community and Tennessee.

The UCHPC will enhance the emergency preparedness and response capabilities of healthcare entities through:

- Building relationships and partnerships
- Facilitating communication, information and resource sharing
- Promoting situation awareness among HCC members
- Coordinating training, drills and exercises
- Strengthening medical surge capacity and capabilities
- Assisting emergency management and Emergency Support Function (ESF) #8 partners
- Maximizing movement and utilization of existing resources

Vision

The vision of the UCHPC is a cohesive and coordinated response to any emergency that threatens the stability or continuity of our healthcare community. Furthermore, the UCHPC envisions healthcare coming together to support each other in times of need without regard for market competition.

Purpose

The purpose of this strategic plan is to guide the work of the UCHPC for 2020-2021 grant year. It is intended to be a fluid document, which will continue to evolve as necessary to ensure the Coalition is effective and able to sustain its efforts. The work activities listed in this strategic plan are aimed to complement each member's Emergency Operation Plan for the purpose of ensuring optimal utilization of resources and disaster support to the Upper Cumberland healthcare community.

This plan is intended to provide UCHPC coalition partners, Executive Committee and workgroups with clear guidance on structure, activity, and project development.

Summary of Risk

In the midst of the Coronavirus pandemic, supplies and equipment have been difficult to acquire. Most shortages were noted in the area of healthcare worker protection related to sufficient amounts of PPE, proper disinfectants and sanitizers, so much so that the SNS Stockpile was deployed. Although the shortage has eased somewhat, some facilities are still experiencing supply chain issues. Shortages of

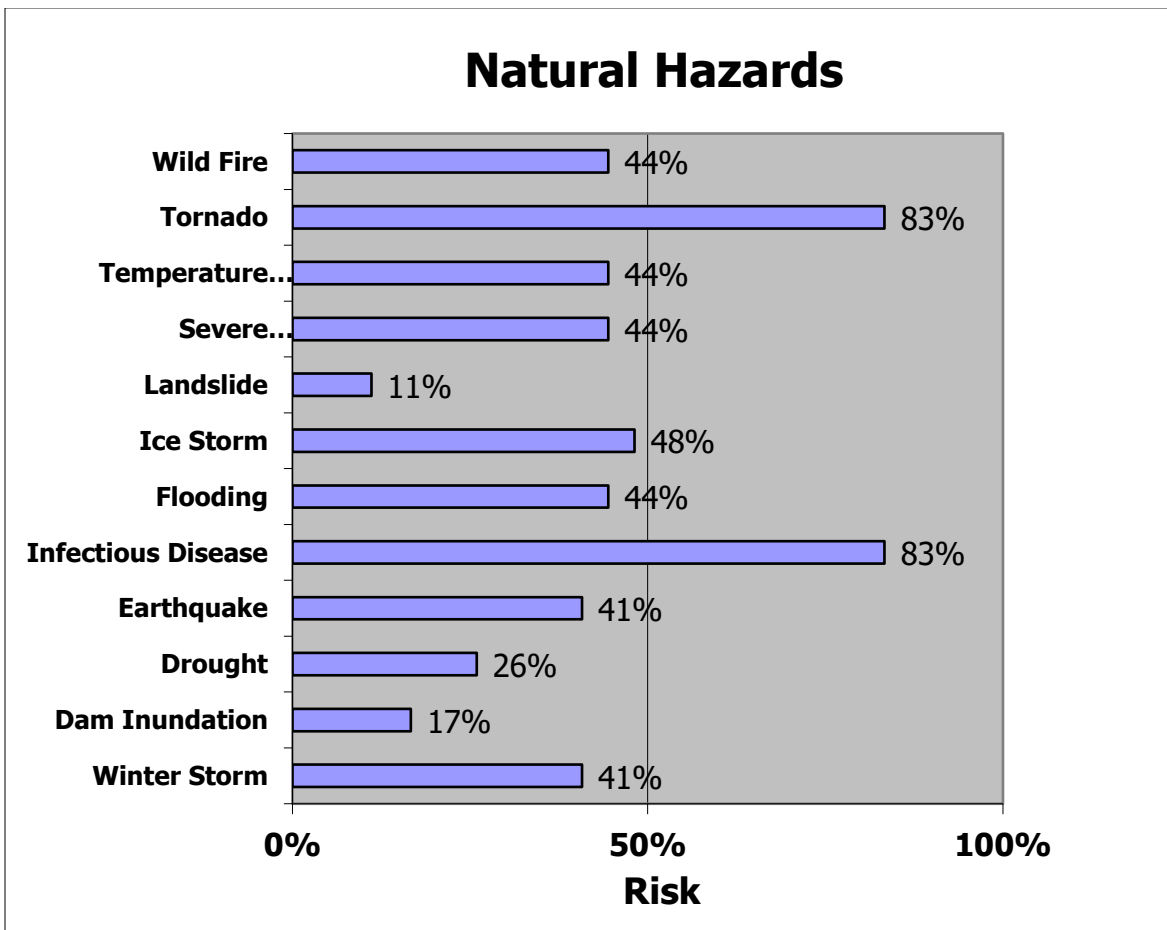
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equipment related to respiratory protection, i.e., PAPRS, fit testing equipment, ventilators, still remain in short supply.

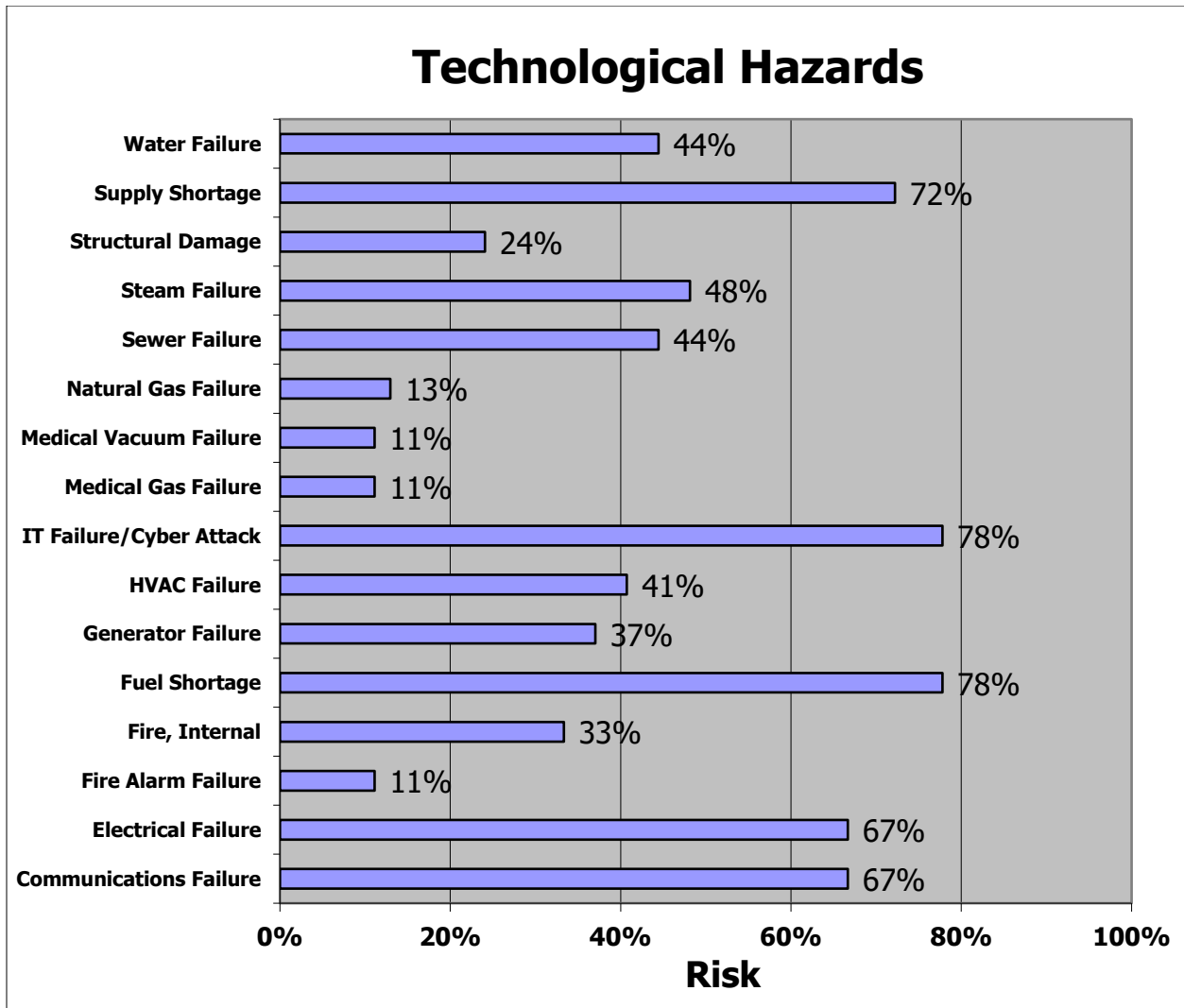
Putnam County, which sits in the middle of the coalition and is the most populace county, experienced an EF4 tornado in the early morning hours of March 3, 2020. There was very little warning, and the storm resulted 100 + casualties and 19 fatalities. Damage from the storm resulted in complete loss of communications via landline or internet for two weeks to some businesses and residences of the community and region. Cell phone usage was very limited for the first few hours of response.

All hospitals, nursing homes and most other healthcare entities are required to complete an HVA at least annually as Conditions of Participation for CMS. The UCHPC reviews and updates a Hazard Vulnerability Analysis (HVA) annually. It was most recently updated June 2020. The HVA is coordinated with member healthcare agencies and emergency management across the region. The HVA is shared with all coalition members. For the Upper Cumberland region, the current HVA identified the following hazards in each of the categories below:



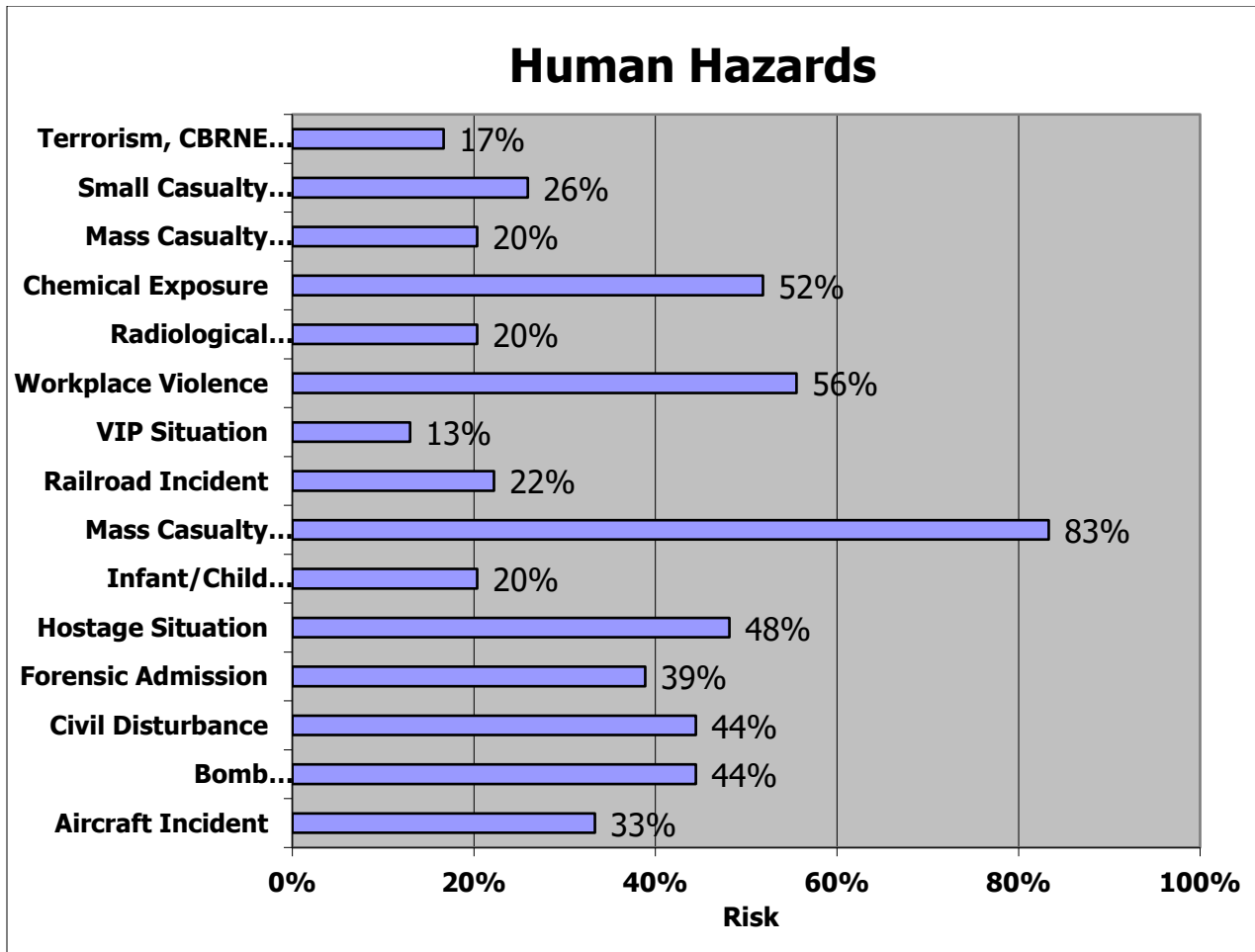
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The top five hazards are ranked as:

1. MCI
2. Tornado
3. Infectious Disease
4. Supply Shortage
5. IT Failure

Strategic Work Plan

The UCHPC Executive Committee will review and approve the strategic work plan annually no later than August 1 to determine the funding priorities for completion of a budget proposal for the fiscal year by August 31. Funding priorities are based on funding availability, current capabilities and resource gaps. Funding priorities, objectives, and work plan activities are proposed and evaluated by the Coalition partners. The strategic work plan is evaluated to determine if gaps can be addressed with funding. This is the current year strategic work plan.

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Gap Identification

Coalition members were asked to identify the top three training and/or resource gaps that act as barriers to their response to the top 5 associated hazards. Supplies/equipment, communications and training were the top 3 gaps identified in response to these five events.

Redundant communication was identified as a gap. Hospitals have a functioning base station radio for communicating with emergency medical services and the regional medical communications center. They also have a HAM radio at each facility. On the other hand, most nursing homes have no communication capabilities beyond a landline or cellphone. Additionally, the counties in the region don't always use the same radio frequency band, which further complicates regional communications as a whole. Also, in the event that internet, cell and landline phones are out, we have no reliable means of communication with the hospitals or county emergency services.

Lack of training and education were identified as gaps. Active shooter/workplace violence and Incident Command training were mentioned specifically along with pediatric and trauma training needed to handle victims of a MCI or tornado/severe weather event.

Staffing and manpower were mentioned repeatedly as gaps. Other gaps of notable mention were stress debriefing, security, equipment and recovery needs.

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Event	Risk Score/ Percentage	Capability/Objective	Vulnerability	Actions for Improvement
MCI Tornado	89% 83%	<p>Capability 1, Objective 4 Train and Prepare the Healthcare and Medical Workforce</p> <p>Capability 2, Objective 3, Coordinate Response Strategy, Resources and Communications</p> <p>Capability 3, Objective 5, Protect Responder's Safety and Health</p> <p>Capability 4, Objective 2, Respond to Medical Surge</p>	<p>Our region is especially vulnerable to any incident that would result in a significant amount of pediatric and/or trauma patients. We do not have a trauma center or comprehensive pediatric referral center within our geographic boundaries. Because our HCWs do not deal frequently with pediatric or trauma patients, they need on-going training to refresh skills and maintain a level of comfort and competency.</p> <p>Tornadoes can result in multiple trauma injuries or displacement of residents and/or visitors needing shelter. Our region was stuck multiple times by damaging tornadoes. Most recently, Putnam County experienced an EF4 tornado in 2020 resulting in 19 fatalities and 100+ injuries.</p>	<ul style="list-style-type: none"> • ENPC and TNCC courses will be provided each quarter for nurses • Critical Care Paramedic course will be offered annually to EMS agencies • Neonatal Resuscitation Course will be offered to EMS and hospitals • Specialized pediatric and/or trauma equipment will be purchased for hospitals and EMS as need is determined • HCC will continue to coordinate needs across the coalition • HCC will continue to preserve and build upon our cache of mobile medical assets to aid county and local governments with response and recovery that exceeds their healthcare capabilities. • Hazardous Materials Training and OSHA Standards Training will be offered for all EMS, EMA and hospital staff • HCC will review regional and state Mass Fatality plans • HCC will facilitate ICS training for coalition members • HCC will work with the RMCC and local EMA to increase redundant communications across the region including internal and external communications for hospitals and nursing homes

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Event	Risk Score/ Percentage	Capability/Objective	Vulnerability	Actions for Improvement
Infectious Disease	83%	<p>Capability 1, Objective 4 Train and Prepare the Healthcare and Medical Workforce</p> <p>Capability 2, Objective 3, Coordinate Response Strategy, Resources and Communications</p> <p>Capability 3, Objective 5, Protect Responder's Safety and Health</p> <p>Capability 3, Objective 2, Plan for Continuity of Operations</p> <p>Capability 4, Objective 2, Respond to Medical Surge</p>	<p>We are experiencing a worldwide pandemic of Coronavirus (COVID19). To date more than 2 million people in the US alone have been infected and almost 130,000 deaths have been attributed to the disease.</p>	<ul style="list-style-type: none"> • HCC will train HCW in respiratory protection and appropriate use of PPE • HCC will continue to coordinate needs across the coalition • HCC will build a cache of PPE and respiratory protection supplies for next wave of coronavirus • HCC will facilitate ICS training for coalition members
IT Failure/Cyber Attack	78% (tie)	<p>Capability 3, Objective 4, Develop Strategies to Protect Healthcare Information Systems</p>	<p>Information system failure can result in bottle neck of patient throughput and overall delay in treatment</p>	<ul style="list-style-type: none"> • HCC will provide resource assistance • Training/workshops will be provided on Cyber Security
Supply Shortage	78% (tie)	<p>Capability 3, Objective 2, Plan for Continuity of Operations</p> <p>Capability 4, Objective 2, Respond to Medical Surge</p>	<p>Hospitals and healthcare often source their supplies and equipment from the same vendors. When emergencies happen, vendors are often unable to meet the increased demand for extra supply needs.</p>	<ul style="list-style-type: none"> • HCC will continue to preserve and build upon our cache of mobile medical assets to aid county and local governments with response and recovery that exceeds their healthcare capabilities.

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Coalition Workgroup Structure

1. Standing Workgroups:

From time to time, various workgroups will be established by the Executive Committee to implement preparedness strategies and address capability development. Workgroup participants must be active partners in the Coalition. Standing workgroups of the coalition will be perpetual entities of the coalition. They will be chaired by voting partners of the coalition and overseen by the Executive Committee. These workgroups include:

- **Training/Education** shall coordinate with regional and state activities relative to training and education; research and present recommended training and education programs, and serve as a clearinghouse for requested education resources; and coordinate the scheduling for requested training.
- **Exercise** shall coordinate with regional and state activities relative to community exercise and serve as the liaison with any tabletop and/or functional exercises and drills.
- **Long-term Care** shall coordinate regular meetings and all activities relative to emergency preparedness for the long-term care community; coordinate LTC disaster preparedness activities by determining LTC preparedness needs; keep LTC facilities informed of information related to disaster preparedness and work with the training committee in offering courses that would be helpful to the LTC community
- **Infection Control** shall coordinate regular meetings for all infection control practitioners; provide infectious disease resources and education; coordinate with the TDH Healthcare Acquired Infection (HAI) Team to identify gaps in infection control and reduce the number of reportable HAIs.
- **Pediatrics** shall research and make recommendations for specialized training needs of coalition partners for treating pediatric patients during emergencies and conduct research and make recommendations on specialized equipment determined necessary to support an emergency event involving pediatric patients

The Executive Committee may assign individuals from the represented organizations to work on specific issues of interest or special projects. These workgroups may be formed and disbanded without any formal action of the Executive Committee. Each workgroup will appoint a facilitator. From time to time, the Executive Committee may seek counsel from subject matter experts (SMEs). These SMEs may participate in workgroup activities but will be a non-voting partner.

Training and Exercises

UCPHC utilizes HSEEP guidelines to ensure consistency in the training and exercise program development and management. UCPHC pursues a coordinated homeland security strategy that combines enhanced planning, innovative training, and realistic exercises to strengthen preparedness and response readiness. Training and exercises play a crucial role in this strategy providing UCPHC with a means of attaining, practicing, validating, and improving new capabilities.

Efficiencies are created when multiple agencies share common resources, plans, and goals for the future. With the excellent working relationship already in place across the region and state, there are many opportunities to build upon exercise and training efforts already in place. The desired outcome is that training and exercises will address the hazards and gaps listed above. This plan is representative of the natural progression of training and exercises that should take place in accordance with the HSEEP building-block approach.

During the project period of July 1, 2021 through June 30, 2022

much of the planned training and exercises will be done virtually to comply with measures to control spread of the COVID 19 virus.

The Upper Cumberland Region Healthcare Coalition (UCPHC) works with myriad partners to identify planning, training, exercise, and regional needs based on evidence from previous exercises and real events. Each exercise or real event results in lessons learned that are leveraged for continuous improvement of the program.

With the CMS requirement for each long term care facility to have an infection prevention and control officer (IPCO) and annual infection prevention training UCPHC will promote and assist LTC facilities in meeting these goals.

Training and exercises are continually reviewed to ensure they are:

Types of Exercises and the Building Block Approach

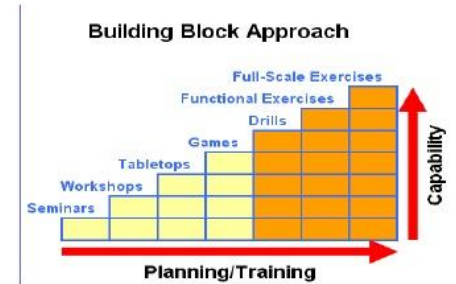


Discussion Based:

- Seminars
- Workshops
- Tabletops
- Games

Operations Based

- Drills
- Functional
- Full-Scale



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- Competency-based
- Align with job functions/response roles
- Meet an identified need/gap
- Streamlined and avoid duplication

Additionally, the AAR/IP monitoring process is utilized to assist UCPHC in addressing improvement needs as well as for informing the planning process, equipment needs, training, exercising, and the advancement of evaluation, including:

- Support health departments, healthcare facilities and other partners in the analysis and implementation of their AARs
- Implement an evidence-based improvement system
- Conduct follow up exercises that expand upon the Homeland Security Exercise and Evaluation Program (HSEEP) basics.

UCPHC will conduct hot washes and produce comprehensive AAR/IP with 120 days after each exercise. Metrics from the exercises will be included in the AARs and will be shared and compared among UCPHC members to pinpoint areas for improvement. Participant and instructor evaluations will be completed for each training.

The tracking approach will:

- Challenge participants with increasingly advanced coursework and scenarios;
- Incorporate, reinforce, and verify lessons learned;
- Identify demonstrated capabilities and areas in need of improvement;
- Utilize standard metrics as a means of evaluation to identify corrective action for exercises; and
- Annual exercise meetings will be utilized to share lessons learned and best practices from training courses and exercises and plan future activities.

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UCPHC Exercise and Training Schedule

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Monthly											
HCC Executive Committee Meeting	HCC Executive Committee Meeting	HCC Executive Committee Meeting	HCC Executive Committee Meeting	HCC Executive Committee Meeting	HCC Executive Committee Meeting	HCC Executive Committee Meeting	HCC Executive Committee Meeting	HCC Executive Committee Meeting	HCC Executive Committee Meeting	HCC Executive Committee Meeting	HCC Executive Committee Meeting
Variable											
										Burn Surge Annex	
State of Tennessee Lab Training (Online) https://www.tn.gov/health/health-program-areas/lab/lab-education.html											
CDC Nursing Home Infection Preventionist Training Program- (Online) https://www.train.org/cdctrain/training_plan/3814											
Care for Burn Patients (Online)											
Vanderbilt University Program Emergency Preparedness Long Term Care Training (Online) LTCemergency.org											
COVID 19 Response (Real Event)											

HPP Capabilities Addressed:

Medical Surge	Continuity of Healthcare Service Delivery	Foundation for Healthcare and Medical Readiness Foundation	Healthcare and Medical Response Coordination
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