

Upper Cumberland HealthCare Preparedness Coalition

Governance Document



2024-2025

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1.1 Introduction

MISSION

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

SCOPE

The purpose of this plan is to outline the management/administrative procedures followed by the UCHPC in efforts of providing transparency and continuity. The coalition's work shall encompass efforts to meet requirements as prescribed by ASPR's (Administration for Strategic Preparedness and Response) Hospital Preparedness Program (HPP), Tennessee Department of Health's (TDH) Program Guidance for Healthcare Coalitions, Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness Program, Centers for Medicare, and Medicaid Services (CMS), and accrediting bodies such as The Joint Commission. This plan does not supersede authority of or any guidance for of any participating entities.

Administrative Support

This plan will be approved by Active Coalition Members and will be reviewed annually at a minimum or following an identified gap that should be immediately addressed following a real-world event or exercise. The Regional Healthcare Coordinator (RHC) and the Vulnerable Populations Coordinator (VPC), serving as the UCHPC Advisory Committee, will provide administrative support to the document.

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1.1.1 Management/Administration

Organizational Structure

The Upper Cumberland Healthcare Preparedness Coalition is a subcomponent of the State of Tennessee Department of Health, utilizing Cookeville Charitable Foundation as our fiduciary. Coalition membership is open to all healthcare organizations and jurisdictions and emergency management related organizations within the coalition's geographic area as outlined in the UCHPC Bylaws.

Membership is divided into 4 types: active members, inactive members, Advisory Committee, and invited non-members or subject matter experts. Each participating organization should actively participate in coalition activities. Active members maintain voting rights by attending at least 2 of every 4 meetings annually and serve as the governing board for the coalition. Active members make all coalition related decisions to include plan and expenditure approvals. Inactive members are those participating organizations who have not maintained meeting attendance.

The Advisory Committee is composed of the region's Regional Healthcare Coordinator(s), Vulnerable Populations Coordinator, one Emergency Services representative, one Emergency Management representative, three Hospital representatives, three Long-Term Care facility representatives, one Homeland Security representative, and the Regional Medical Communications Center (RMCC) representative. These individuals are tasked with maintaining an advisory role to the coalition and ensuring day-to-day coalition operations and requirements are met. Finally, the coalition reserves the right to invite subject matter experts to attend as needed. Additionally, visitors often attend and are encouraged to participate in coalition discussions.

Membership details can be found in the UCHPC Bylaws.

Operational Roles

In efforts to meet all required Healthcare Preparedness Program Capabilities and Deliverables, the UCHPC must maintain an internal structure to support coalition activities and operations. Specific roles and responsibilities by membership type are described in the UCHPC Bylaws to include member guidelines for participation and engagement as well as policies and procedures for making changes and delegation of authority.

Participating organization executives formally endorse their organization's participation in the UCHPC. Furthermore, UCHPC newsletters are developed to engage healthcare and governmental

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executives and other stakeholders. Executives are encouraged to participate in UCHPC meetings or send feedback through their UCHPC organizational representative. Furthermore, most participating organizations incorporate UCPHC activities into their internal emergency preparedness/response meetings and structure, which includes executive input and oversight.

UCHPC integration with existing state, local, and member-specific incident management structures is described in the UCHPC Response/Coordination Plan, along with ESF 8 integration details. Additionally, the UCHPC supports a representative, and a backup representative, from the coalition to the State Advisory Board.

Membership Responsibility

- A. Provide representation at Coalition meetings and activities and ensure attendance.
- B. Participate in collaborative regional preparedness planning.
- C. Participate in the development of surge capacity plans, inter-organizational agreements, and collaborative emergency response plans.
- D. Contribute to meeting coalition priorities, goals, and contractual deliverables.
- E. Vote on questions placed before the membership.
- F. Respond to regional emergencies and disasters in collaboration with other members.
- G. Participate in sub-committees and workgroups as requested by members or individuals and organized under the umbrella of the Coalition. These sub-committees and workgroups may exist and function temporarily or long-term, as needed.

HCC Readiness and Response Coordinator and Regional Healthcare Coordinator (RHC) Responsibilities

The role of the Regional Healthcare Coordinator is to support and advise the Healthcare Coalitions on meeting the Healthcare Preparedness and Response Capabilities. The four base capabilities consist of:

1. Foundation for Health Care and Medical Response
2. Health Care and Medical Response Coordination
3. Continuity of Health Care Service Delivery
4. Medical Surge

Additionally:

- Notification and information sharing: hospital to hospital, EMS to hospital, healthcare to EMA (local and state).
- Resource management and allocation: from Coalition, other healthcare facilities, EMA.
- ESF8 Liaison.

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- Emergency Preparedness: ensure plans, policies, and procedures for health care organizations.
- Serve as the advisory board for the Upper Cumberland Healthcare Preparedness Coalition, which includes oversight of coalition administrative responsibilities. Response during an event to the Regional Medical Communications Center (RMCC) or other coordination area as needed.
- Communications coordination during an event utilizing current systems (including Healthcare Resource Tracking System (HRTS), ReadyOp, Email, phone, amateur radio, UHF , VHF, 7/800 Tacking Radios).
- Maintain, upkeep, and or maintenance of Coalition and/or organizational resources that have been assigned, shared, or borrowed. Assigned, shared, or borrowed resources must be made available for contract verification purposed per federal and state grant guidelines.

In lieu of available RHC, Vulnerable Populations Coordinator (VPC) and/or Emergency Response Coordinator (ERC) will assume response role to provide immediate assistance/coordination during an event. ERC will be notified via the RMCC for deployment.

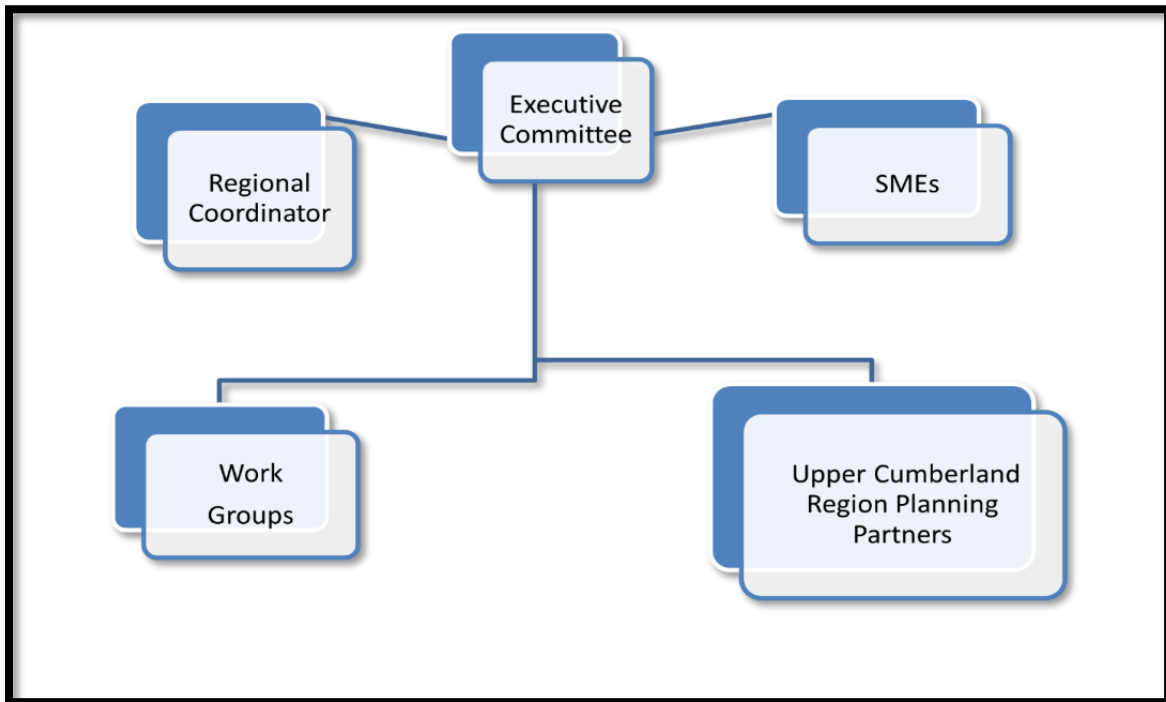
Committee Structure

The Advisory Committee has been established to develop and review all coalition related plans, budget, and other items as needed. The Advisory Committee will work to identify and/or develop all coalition trainings and exercises. Additionally, because it would be impossible for the UCHPC membership alone to address the variety of required functions, because it would be redundant to duplicate efforts from other groups – the UCHPC maintains a diverse relationship with various other committees and groups that all ultimately have similar goals to meet the community’s medical needs during emergency situations. Sub-committees are formed annually, or as needed, to meet needs or gaps within the Coalition. Sub-committees are composed of Advisory Committee members who are subject matter experts. These groups may change as needed based on the Hazard Vulnerability Analysis, identified gaps, or lessons learned from exercise/events.

2024/2025 Sub-Committees include:

- ⇒ Budget
- ⇒ Planning
- ⇒ Exercise
- ⇒ Vulnerable Populations

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Funding Source(s)

➤ **HPP**

Funding is provided by a grant from the US Department of Health and Human Services, Assistant Secretary of Planning and Response (ASPR); therefore, funding for the coalition is contingent upon available federal grant opportunities. The Tennessee Department of Health is the awardee, and the UCHPC is the sub-awardee. A fiduciary agency shall be contracted through the Tennessee Department of Health to expend all funds. To the extent possible, the coalition will seek alternate sources of funding.

Additionally, HPP funding provided to the coalition is used to offer training and education, resources, exercises, and other needs as identified by the Active Members of the coalition. All funding allocation decisions are based on meeting gaps as identified through the Hazard Vulnerability Assessment and Gap Analysis that shall be completed or reviewed each year.

➤ **Other Funding Sources**

Other potential funding sources that could support coalition activities include COVID supplemental funds for preparedness and response efforts. Funding from other sources shall be handled in the same manner as HPP related funding. Draft budgets will be submitted per grant requirements and reviewed annually to ensure they meet requirements of the Readiness plan.

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1.1.2 Geographic Coverage

The Upper Cumberland Healthcare Preparedness Coalition encompasses the 14 counties of the Upper Cumberland region of Tennessee and covers approximately 5000 square miles and is bordered on the north by Kentucky. It is dissected east to west by Interstate 40 and north to south by Highway 111. The area consists of mostly rural towns and small cities with an aggregate population of approximately 380,000. Putnam County comprises approximately 22% of this population, with Cookeville being the county seat. Putnam County serves as the hub of the region, home to Tennessee Technological University with a student body enrollment of greater than 10,500. The region also has five community colleges and three Tennessee Technology Centers. The Upper Cumberland is centrally located between three major metropolitan areas, Nashville, Knoxville, and Chattanooga.

Of special note, the Upper Cumberland Healthcare Preparedness Coalition boundaries coincide with the State EMS Region 4 and the Upper Cumberland Region of Public Health; the lead agency for ESF-8 response in the region.

The UCHPC is responsible for coordinating healthcare planning, response, and recovery efforts across a mix of urban and rural communities. The region is characterized by both urban centers like Cookeville, which serves as a healthcare and economic hub, and numerous rural areas where access to medical services can be limited. The healthcare infrastructure in the Upper Cumberland includes a variety of critical access hospitals, urgent care centers, and specialized healthcare services, though challenges persist due to the region's mountainous terrain, sparse population distribution, and limited transportation options. The UCHPC must address these challenges by ensuring robust healthcare preparedness, especially during peak tourism seasons in areas like Fall Creek Falls State Park, or during large-scale events that increase demand on regional healthcare resources.

Additionally, the UCHPC works in close coordination with the state's broader healthcare coalition network, including Regional Healthcare Coordinator (RHC) and Regional Medical Communications Center (RMCC), to enhance healthcare system resilience and improve response capabilities for both everyday healthcare needs and emergency situations, such as mass casualty incidents or natural disasters. This collaborative framework helps ensure that the region's healthcare infrastructure remains responsive, adaptive, and capable of serving its diverse population across both normal and emergency conditions.

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1.1.3 Membership

Consistent with the overall approach of HCC organization, the Upper Cumberland Healthcare Preparedness Coalition consists of a wide variety of partners who support healthcare preparedness, planning, and response within the region. The following is a list of core members and their resources and responsibilities:

Emergency Management

Emergency Management in Tennessee operates at the county level under the larger umbrella of the Tennessee Emergency Management Agency (TEMA) at the state level. TEMA's responsibility is to coordinate disaster response and recovery efforts across the state. TEMA developed and maintains the Tennessee Emergency Management Plan (TEMP), providing the foundation for all disaster and emergency response operations conducted within the state. The TEMP is organized by ESFs. Each ESF details the lead agency and support agency roles in disaster response. ESF-8, Public Health, and Medical Services, provides the mechanism for coordinated State assistance to supplement regional and local resources in response to public health and medical care needs for potential health and medical disasters. ESF-8 is coordinated by the Tennessee Department of Health principally through the Emergency Services Coordinators (ESC) assigned to the State Emergency Operations Center (SEOC). During times of large-scale disaster, the RHC maintains contact with the ESF-8 ESC through a variety of means, including HRTS, radio, telephone, email, text, etc.

All county emergency management plans are required to mirror the TEMP in terms of structure and purpose. The county offices of emergency management will facilitate interagency coordination, provide centralized situation assessment and public information, coordinate the mobilization of local government resources in response to an emergency, and coordinate community disaster recovery. In the event responding agencies, including healthcare, have exhausted critical resources available through routine channels and through mutual aid, local EMA can request resources from the SEOC at TEMA. TEMA will coordinate emergency assistance to local jurisdictions from state agencies, other counties, other states, or the federal government. A list of all county EMAs can be found at <https://www.tn.gov/tema.html> or <http://www.tnema.org/>, under the region information.

Regional Medical Communication Center

The Regional Medical Communications Centers are part of the Tennessee Emergency Medical Services Telecommunications Plan. Putnam County 911 designated "Cookeville MedCom," serves as the Upper Cumberland's RMCC.

The RMCCs serve as the 24/7 communication coordination centers. They assist in the coordination of EMS and healthcare disaster response, patient transport when local authorities and healthcare organizations request aid and coordinate the day-to-day ambulance-to-hospital communications. They specialize in communicating among EMS agencies, hospitals, other RMCCs, and local and state EOCs.

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The RMCC is embedded within the coalition. The RMCC has a seat on the coalition Advisory Committee and has a standing agenda item at all coalition meetings to address any communication issues raised by coalition partners as part of its' continuing quality improvement.

Emergency Medical Services

The Emergency Medical Services (EMS) in Upper Cumberland is comprised of the following elements:

- 14 publicly operated service providers
- 85 Advanced Life Support units
- 4 Basic Life Support units
- 1 AmbuBus

In addition to holding a seat on the coalition Advisory Committee, the Upper Cumberland EMS Directors Association meets regularly. The RHC meets with this group for input on planning, resource gaps and training needs.

In addition to ground transportation, UCHPC has access to several air transports. Vanderbilt Life Flight has 6 Rotor wing, 1 fixed wing, 3 special ground and 4 neonatal transport units. Life Flight has a helicopter base located in Cookeville. The area is also serviced by Air Evac Life team. Air Evac operates five bases in Middle Tennessee and three in the bordering states of Alabama and Kentucky, in addition to the Lafayette base in the Upper Cumberland Region. Erlanger Medical Center in Chattanooga also operates its Life-Force Medical Air Base, out of the Upper Cumberland Regional Airport in Sparta, TN.

The TDH Office of Emergency Medical Services has an important role in state government disaster planning and operations. The Office's responsibilities are delineated in the (TEMP). To ensure that these emergency management responsibilities can be carried out rapidly, EMS Division management and all regional staff are on call 24 hours per 7 days a week. EMS Division responsibilities include the following: when deaths or injuries occur during a disaster, TEMA tasks the EMS Office with the responsibility of verifying deaths and injuries, determining where patients were transported, and by what means. Official state casualty reports are produced by EMS office staff.

The UCHPC has an emergency medical service regional consultant (EMS-RC) assigned to our region from the TDH Office of Emergency Medical Services. When a mass casualty incident occurs, the EMS-RC works with the RHC and the RMCC to assist with the management of casualties. This includes contacting other services for help, identifying staging areas for responding ambulances and distributing patients to hospitals within the region.

Hospitals

There are 9 acute-care hospitals in the Upper Cumberland Region, with a total licensed bed

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capacity of 926, and staffed bed capacity of 582. There are no hospitals in Fentress, Jackson, Clay, Van Buren, and Pickett counties, while the remainders have one hospital. Smith and Macon counties have Critical Access Hospitals. The Region has no Trauma Center or Comprehensive Pediatric Center.

Trauma centers in closest proximity to the Region are Vanderbilt University Medical Center, Erlanger Medical Center, University of Tennessee Medical Center, and Skyline Medical Center. All are Level 1 Trauma Centers except for Skyline.

The Tennessee Department of Health, Division of Health Licensure and Regulations designates the pediatric emergency care level of all hospitals in Tennessee. Upper Cumberland has two hospitals designated at the Primary Level; others are Basic Level. Although there is no pediatric facility in Upper Cumberland, the region is conveniently located equidistant from three Comprehensive Regional Pediatric Centers, including Monroe Carell Jr. Children's Hospital in Nashville, Children's Hospital in Chattanooga, and East Tennessee Children's Hospital in Knoxville. These facilities can provide comprehensive specialized pediatric medical and surgical care to acutely ill and injured children.

Tennessee has two burn centers: Vanderbilt University Medical Center, and Regional One Medical Center in Memphis. The Vanderbilt Burn Center is a 25-bed Level 1 burn center and serves both adult and pediatric burn patients. The Firefighters Burn Center in Memphis is a 14-bed unit that treats adults and adolescents.

In a mass casualty incident, hospitals are responsible for providing secondary triage and assessment, basic decontamination, emergency care/treatment, and isolation/quarantine of patients. Each hospital has an emergency response plan to address internal plan activation, emergency staffing, on loading and off-loading of patients, infectious disease management, acquisition of additional supplies/equipment/pharmaceuticals, emergency evacuation, business continuity, shelter-in-place, fatality management, and coordination with their local office of emergency management and other hospitals in the region.

Public Health

The Upper Cumberland Region consists of one Regional Health Jurisdiction (RHJ) and governed by the TDH. The Regional Health Office (RHO) oversees and supports the administration of public health services at the 14 local county health offices (CHO.)

The RHO's role in a disaster is to lead and coordinate the ESF 8 response and support other agencies' responses within the Upper Cumberland Region. The RHO has an all-hazards emergency response plan detailing responsibilities during public health emergencies and the roles of the CHOs. The RHO is responsible for coordinating with other RHJs, TDH, health care practitioners, hospitals, veterinarians, and other health care professionals for disease surveillance and disease intervention activities.

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The RHC for the Upper Cumberland Healthcare Preparedness Coalition is embedded within the RHO as an employee of the Tennessee Department of Health. As such, the RHC will act as the liaison between the RHJ and coalition partners during any ESF- 8 response. In the event the RHC is unable to fulfill this role, the ERC assigned to the RHJ will act in this role or assign a capable designee.

Medical Reserve Corps

Medical Reserve Corps (MRC) serves as TDH's volunteer organization. Volunteer information is maintained in the statewide web-based registry called Tennessee Volunteer Mobilizer (TVM). It is designed to serve as a single, centralized source of information to ease the intra-state, state-to-state and state-to-federal deployment or transfer of medical professionals and other volunteers. A part of the federal Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), TVM gives Tennessee the ability to quickly identify and assist in the coordination of volunteers in an emergency.

The Upper Cumberland has 1 active Medical Reserve Corps (MRC) unit. The RHO has a MRC Coordinator assigned to the Public Health Emergency Preparedness Section that works to recruit and train medical and general volunteers to support ESF 8 in an emergency. All requests for MRC Volunteers should be made to the SEOC.

Non-Hospital Partners

There are various skilled nursing homes, assisted living facilities, surgical centers, home health agencies, hospice agencies, dialysis agencies, durable medical equipment, and other healthcare partners within the coalition. Most of these facilities have at best, limited knowledge, and resources in emergency preparedness planning. However, there is growing participation from these partners at the Local Emergency Planning Committee and Healthcare Coalition levels due to the 2017 implementation of the Centers for Medicaid and Medicare Services Conditions of Participation Rule for Emergency Preparedness. The Upper Cumberland HCC continues to reach out to these partners at both the regional and divisional levels to strengthen all-hazards preparedness. The immediate goal is to encourage these partners to participate in Local Emergency Planning Committees (LEPCs.)

Specific capabilities and potential roles for such entities in disaster situations are vast, but as members of the HCC, may help in specific circumstances. In most cases, they would be able to assist with transportation needs or overflow of types of patients that fall within their levels of care. Requests for assistance to or from these entities would be made on a case-by-case basis.

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1.1.4 Community Coordination and Engagement

The UCPHC promotes a whole community approach to healthcare readiness by bringing together various stakeholders from different sectors to collaborate and coordinate efforts in preparing for, responding to, and recovering from health-related emergencies. Here's how they do it:

Stakeholder Engagement

- **Diverse Representation:** Include hospitals, public health agencies, emergency medical services (EMS), long-term care facilities, community organizations, and other relevant stakeholders.
- **Collaborative Planning:** Conduct regular meetings and planning sessions to ensure all voices are heard and plans are comprehensive.

Integrated Planning

- **Risk Assessment:** Conduct community-wide risk assessments to identify potential health threats and vulnerabilities.
- **Shared Plans:** Develop integrated emergency response plans that outline roles, responsibilities, and resources of all coalition members.

Resource Sharing

- **Mutual Aid Agreements:** Establish agreements for sharing resources such as personnel, equipment, and facilities during emergencies.
- **Inventory Management:** Create a shared inventory of critical supplies and resources that can be mobilized quickly.

Training and Exercises

- **Joint Training Programs:** Conduct training sessions that involve multiple sectors to ensure everyone is familiar with emergency procedures and protocols.
- **Simulated Drills:** Organize regular drills and exercises to test the readiness and coordination of all coalition members.

Communication Systems

- **Information Sharing:** Implement robust communication systems for real-time information sharing among coalition members.
- **Public Communication:** Develop strategies for effective communication with the public during emergencies, including the use of social media and other platforms.

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Community Resilience Building

- Public Education: Educate the community about health risks and emergency preparedness through outreach programs, workshops, and informational campaigns.
- Engaging Vulnerable Populations: Ensure plans and communications are inclusive, addressing the needs of vulnerable and underserved populations.

Continuous Improvement

- After-Action Reviews: Conduct reviews after drills and real incidents to identify strengths and areas for improvement.
- Adaptation and Innovation: Continuously update plans and strategies based on new information, technology, and best practices.

By fostering collaboration and coordination across various sectors, healthcare coalitions ensure that communities are better prepared to handle health emergencies, leading to more resilient and healthier populations.

Some diverse community partnerships that work with the coalition:

- Faith-based organizations
- Public Safety (law enforcement and fire)
- Community-based organizations
- Volunteer organizations (ARC & MRC)
- Non-profit organizations
- Private organizations
- Hospitals
- Emergency Management (EMA)
- Emergency Medical Services
- Regional Medical Communication Center (RMCC)
- Public Health (PH)
- 911 Dispatch
- Behavioral Health
- Home Health/Long Term Care
- Community Health or Federally Qualified Health Center

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Communities Most Impacted by Disasters

Children and Pediatric Needs

- **Pediatric Care:** Communities with large populations of children will require specific pediatric preparedness. Schools, daycare centers, and pediatric clinics in disaster-prone regions must be prioritized.
- **Healthcare Gaps:** Pediatric care often requires specialized equipment and training, such as smaller medical supplies and advanced pediatric trauma care during emergencies.

Elderly and Special Needs Populations

- **Dependency on Care:** Communities with a significant elderly population or those with special healthcare needs (e.g., oxygen-dependent, dialysis patients) will require specialized attention during disasters.
- **Health Needs:** Their healthcare needs include uninterrupted power supply for medical equipment, access to life-sustaining treatments, and assistance with evacuation and mobility.

1.1.5 Datasets Used To Determine Vulnerable Populations

Geospatial Data (GIS Mapping)

- **Datasets:** CDC's Social Vulnerability Index (SVI), Em-Power data
- **Purpose:** Identify regions prone to natural disasters like floods, hurricanes, wildfires, or earthquakes. GIS mapping helps visualize high-risk areas and social vulnerability factors, including poverty levels, access to transportation, and healthcare services.

Hospital and Healthcare Capacity

- **Datasets:** Local hospitals, urgent care centers, and EMS capacity reports; data from the Healthcare Resource Tracking System (HRTS).
- **Purpose:** Assess healthcare infrastructure in these communities, including hospital bed availability, pediatric services, and the number of healthcare professionals.

Emergency Preparedness and Response Data

- **Datasets:** After-action reports from previous disasters, HHS's Em-Power map (power-dependent populations), and local emergency management agencies.
- **Purpose:** Review past disaster impacts, including which communities were hardest hit and the healthcare challenges they faced during emergencies.

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Overall Healthcare Needs by Impacted Communities

- **Emergency Medical Services:** Increased need for trauma care, EMS, and rapid access to medical facilities.
- **Mental Health Services:** Post-disaster trauma often increases demand for mental health professionals.
- **Pediatric and Specialized Care:** Availability of pediatric equipment, neonatal care, and specialized treatments for chronic diseases.
- **Evacuation and Sheltering Support:** Facilities capable of managing vulnerable populations, including pediatric shelters and elderly care accommodations.

Collaboration with Community Partners and Healthcare Readiness Partners

UCHPC collaborates with a variety of community partners and additional healthcare readiness partners within their jurisdiction to enhance preparedness and response capabilities.

Community Partners

- **Emergency Management Agencies:** Collaborate with local and state emergency management agencies to align healthcare preparedness plans with broader community emergency plans.
- **Public Health Departments:** Work closely with public health departments on disease surveillance, vaccination campaigns, and public health messaging.
- **First Responders:** Engage with EMS, fire departments, and law enforcement to ensure seamless coordination during emergency responses.
- **Community Organizations:** Partner with organizations that serve vulnerable populations, such as nursing homes, shelters, and disability services, to ensure their needs are addressed in preparedness plans.
- **Educational Institutions:** Work with schools and universities on preparedness education and to potentially use their facilities during emergencies.
- **Volunteer Organizations:** Coordinate with groups like the Red Cross and Medical Reserve Corps for volunteer support during incidents.
- **Healthcare Executives:** Work with executive leadership with exercise planning, budgeting, and planning purposes.

Examples of Collaborative Activities

- **Tabletop Exercises:** Conduct joint tabletop exercises involving health care executives, coalition members, and other partners to simulate emergency scenarios and test response plans.

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- **Resource Inventories:** Develop and maintain a shared inventory of critical resources, ensuring quick access and deployment during emergencies.
- **Community Outreach:** Implement outreach programs to educate the public on preparedness measures, often involving multiple partners to reach diverse audiences.
- **Real-Time Communication Platforms:** Utilize platforms that enable real-time communication among coalition members and partners, such as HRTS, and ReadyOp to ensure timely updates and coordination during emergencies.

Through these collaborative efforts, HCCs enhance their overall readiness and resilience, ensuring a comprehensive and coordinated approach to health emergencies.

1.1.6 Response Operations

Incident Management Structure

The overall role of the coalition in an emergency or disaster event includes (but is not limited to) the following:

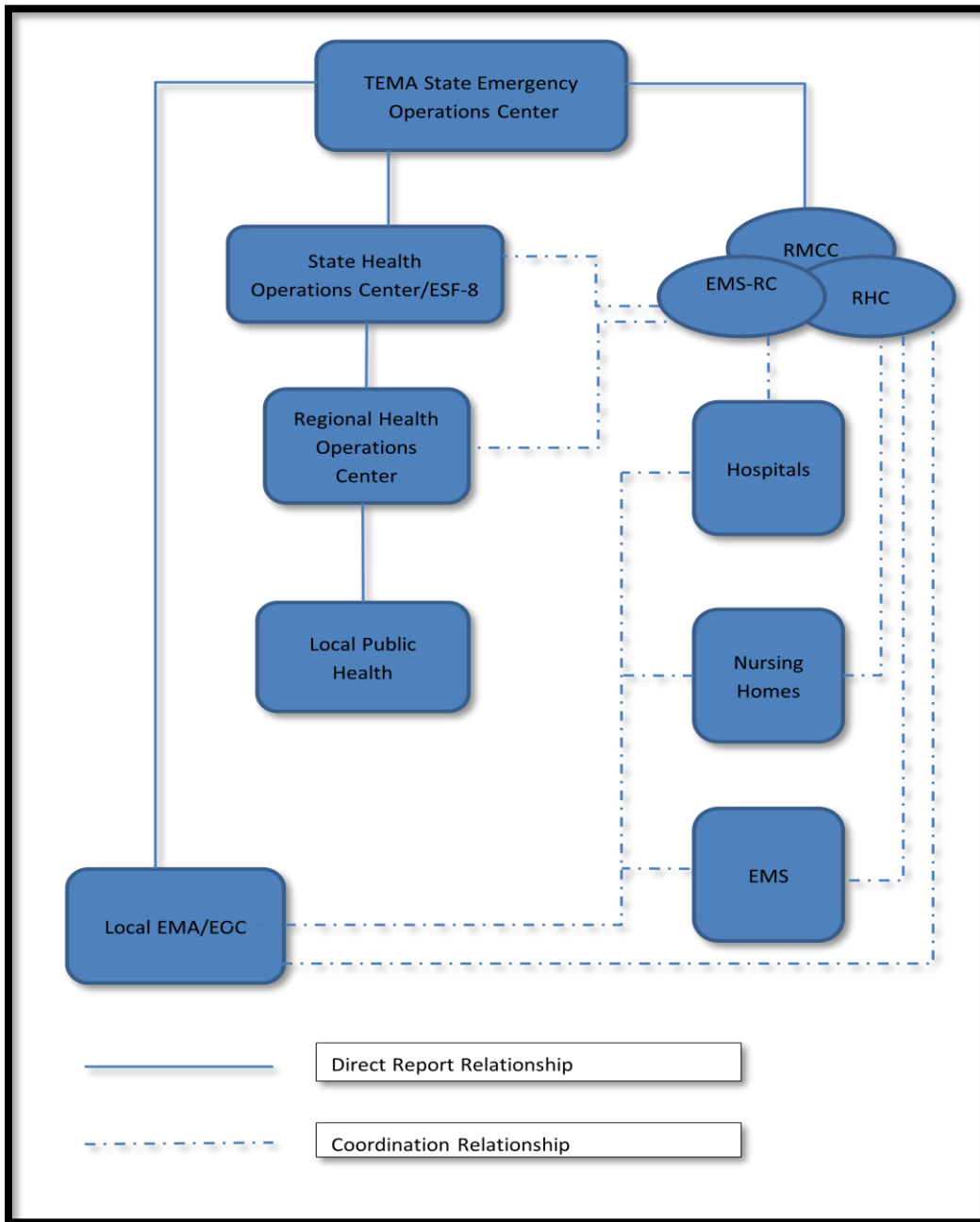
- Promote a common operating picture through shared information.
- Assist with resource management between partner entities, particularly within the healthcare sector for healthcare resources.
- Support patient tracking.
- Support evacuation activities.

Overall the UCHPC response effort would be essentially a Multi-Area Coordination system, whereas each entity operationally responds within its own organization and/or discipline's incident command structure but works together to incorporate facilities, information systems, internal and external communication systems, interagency reciprocal, and mutual aid agreements, common procedures, terminology, training and qualifications into an integrated common operating system that ensures effective interagency and inter-jurisdictional coordination.

ESF Coordination

The UCHPC is not an independent response body. Rather, each member is an independent organization that provides healthcare on a day-to-day basis to the community. During times of emergency response, each member organization will activate incident command and operate within their response structure. The UCHPC will function as a multi-agency coordination system by coordinating information and resources among these organizations.

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During active incidents, information and resources are shared as described by the UCHPC Mutual Aid Agreement (MAA). During incidents, information shall be shared as freely as possible given the situation. Resources should also be shared as needed. Every effort should be made by the borrowing organization to assure that shared/borrowed resources are returned to their owner organization in the same working order in which they are provided. More detailed structure is provided in the UCHPC Response Plan.