

MICHIGAN SPECIFIC ETHICAL GUIDANCE FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES
CRISIS STANDARDS OF CARE INDICATORS AND TRIGGERS

Crisis Standards of Care

*Public Health Indicators, Triggers, and Tactics for Transitions Along the Continuum of Care in a **Slow-Onset Scenario***

Indicator Category	Contingency	Crisis	Return Towards Conventional
Surveillance Data Source: Epidemiology Syndromic Surveillance CDC/NIH	Indicators: <ul style="list-style-type: none"> Epidemiologic data identifies a significantly increased or novel activity – Infectious Agents, toxic exposure, vector borne disease, etc. Epidemiologic data may identify unusual population affected – Pediatrics, geriatrics, immunocompromised, specific geographic area, etc. Trends over time indicate: <ol style="list-style-type: none"> Escalation and/or significantly impacting the population. Highly infectious and transmissible. Triggers: <ul style="list-style-type: none"> The State of Michigan requires health care entities to submit data electronically or through their local health departments, however health care organizations are having difficulties submitting data due to impact of medical surge volumes. 	Indicators: <ul style="list-style-type: none"> Epidemiologic data indicates available critical resources and maximum critical care capacity will be exceeded. Communications from local medical examiner indicating that morgue/storage capacity has been exceeded. Triggers: <ul style="list-style-type: none"> Epidemic curves continue to rise with unclear peak of cases. Surveillance is modified to highest priority or impact-only data collected with minimal set of Essential Elements of Information (EEI) for future follow-up as identified by public health orders and communicable disease rules. Tactics: <ul style="list-style-type: none"> MDHHS leadership determines required data and EEI requirements for health care facilities to provide a common operating picture and to help identify treatment/outcome information. 	Indicators: <ul style="list-style-type: none"> Epidemiologic data indicate: <ol style="list-style-type: none"> Sustained decrease in “new” incident-related reports. The outbreak appears to be in the descending part of the peak. The hospital daily census returns to pre-contingency/baseline levels. Triggers: <ul style="list-style-type: none"> Electronic reporting mechanisms indicate return to normal reporting processes by health care organizations. Tactics: <ul style="list-style-type: none"> Public health staff returns to pre-contingency workload and begin work to capture health data from the prolonged incident. Public health entities prepare for next infection peak/wave of pandemic.

	<ul style="list-style-type: none"> An increase of cases in emergency departments, hospital admissions, transmissions in the community, or increased rate of speed of infections. <p>Tactics</p> <ul style="list-style-type: none"> Increase staffing to allow for increased capacity to Investigate indicators, collect data and transmit to local health departments allowing for improved situational awareness. Work closely with the regional health care coalition and health care facilities to target data to be collected and essential elements that are required under MDHHS or governor's order. 	<ul style="list-style-type: none"> Surveillance data collection narrowed to only automated data streams related to incident unless additional information is needed through medical chart extraction. Required electronic reporting could be modified to include additional data needed. 	
Indicator Category	Contingency	Crisis	Return Towards Conventional
Communications Infrastructure ESF #2 – Communications	<p>Indicators:</p> <ul style="list-style-type: none"> Communications systems (cellular, internet) disrupted at facility, regionally, or statewide. <p>Triggers:</p> <ul style="list-style-type: none"> Multiple requests for assistance from multiple agencies or jurisdictions. Identified need to establish communication hotlines. 	<p>Indicators:</p> <ul style="list-style-type: none"> Continued need to communicate with public about high risk, evolving situation. <p>Crisis Triggers:</p> <ul style="list-style-type: none"> Prolonged and widespread communication (cellular, internet) outages 	<p>Indicators:</p> <ul style="list-style-type: none"> Decreased requests for messaging. Decreased activity on established hotlines. <p>Triggers:</p> <ul style="list-style-type: none"> Media and health care requests returning to "normal."

	<ul style="list-style-type: none"> Requests for specialized services and needs for broad public communications. <p>Tactics:</p> <ul style="list-style-type: none"> Work with established media and professional organizations to ensure consistent messaging. Implement statewide hotlines through established mechanisms such as poison control center, 211, etc. if local or regional. Coordinate risk communication strategies with governmental public information officials. 	<p>Tactics:</p> <ul style="list-style-type: none"> Use all established sources of interoperability communications to coordinate and communicate health messages. Increase availability of coordinated communications for gaps identified. Focused review of communications strategies to identify gaps in targeted populations. 	<p>Tactics:</p> <ul style="list-style-type: none"> Continue to provide appropriate levels of communication to the media, community, and impacted health care organizations.
Indicator Category	Contingency	Crisis	Return Towards Conventional
<p>Community Infrastructure</p> <p>ESF #1 – Transportation</p> <p>ESF #3 – Public Works and Engineering</p> <p>ESF #5 – Emergency Management</p> <p>ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services</p>	<p>Indicators:</p> <ul style="list-style-type: none"> Community infrastructure disrupted within and/or external to jurisdiction. <p>Triggers:</p> <ul style="list-style-type: none"> Multiple requests for assistance from multiple agencies or jurisdictions. Interruption or contamination of water supply or utilities. <p>Tactics:</p> <ul style="list-style-type: none"> Work with established media and professional organizations to ensure consistent messaging. 	<p>Indicators:</p> <ul style="list-style-type: none"> Water supply contamination <p>Triggers:</p> <ul style="list-style-type: none"> Reports of disturbances at health care organizations or public shelters, etc. Prolonged and widespread utilities (power, natural gas) outages. <p>Tactics:</p> <ul style="list-style-type: none"> Increase availability of coordinated communications for gaps identified. 	<p>Indicators:</p> <ul style="list-style-type: none"> Decreased requests for messaging. Decreased activity on established hotlines. <p>Triggers:</p> <ul style="list-style-type: none"> Media and health care requests returning to “normal.” <p>Tactics:</p> <ul style="list-style-type: none"> Continue to provide appropriate levels of communication to the media, community, and impacted health care organizations.

<p>ESF #7 – Logistics Management and Resource Support</p> <p>ESF #8 – Public Health and Medical Services</p>	<ul style="list-style-type: none"> Implement statewide hotlines through established mechanisms such as poison control center, 211, etc. Coordinate risk communication strategies with governmental public information officials. 	<ul style="list-style-type: none"> Focused review of communications strategies to identify gaps in targeted populations. 	
Indicator Category	Contingency	Crisis	Return Towards Conventional
Staff	<p>Indicators:</p> <ul style="list-style-type: none"> Increasing staffing shortages due to illness or incident related causes; increased demand for staffing to care for patient surge. <p>Triggers:</p> <ul style="list-style-type: none"> Community-based interventions required (e.g., vaccine, countermeasure distribution, “flu centers”). <p>Tactics:</p> <ul style="list-style-type: none"> Eliminate routine or non-life safety laboratory testing, elective surgeries, etc. Initiate Continuity of Operations Planning to ensure that essential functions for local and state public health are implemented to support health care organization response. 	<p>Indicators:</p> <ul style="list-style-type: none"> Critical staffing shortages due to illness or incident related causes; critical demand for staffing to care for patient surge. <p>Crisis Triggers:</p> <ul style="list-style-type: none"> Unable to fulfill additional patient care areas (e.g., support alternate care sites) with appropriate staff. <p>Tactics:</p> <ul style="list-style-type: none"> Eliminate all non-essential functions to support local and state response to the incident. Reallocate any health professionals whose training allows them a more active role to support health care organizations. Work with Licensing and Regulatory Affairs (LARA) to expedite licensing for out of state health care professionals. 	<p>Indicators:</p> <ul style="list-style-type: none"> Impact of incident decreasing. Personnel shortage decreasing. Personnel communicating need to initiate activities to “return to normal operations.” <p>Triggers:</p> <ul style="list-style-type: none"> Patient care able to be completed with adequate staffing. <p>Tactics:</p> <ul style="list-style-type: none"> Review and prioritize key services for reimplementation at the local and state levels. Initiate data analysis of impact of crisis standards of care (CSC) implementation on personnel. Revert to normal staffing patterns/hours/duties.

	<ul style="list-style-type: none"> Identify services to put on “pause” as personnel resources continue to decline. Activate mutual aid/support plans from other agencies, disciplines, predesignated volunteer sources as required. Off-load tasks onto technology as possible (e.g., hotlines rather than face-to-face assessments). Change staffing patterns and hours. 	<ul style="list-style-type: none"> Assist if needed in coordination of health volunteers to support public health and medical functions identified. Triage personnel resources to services of most benefit (community vaccination, etc.). Use just-in-time recruiting and training as required to fulfill missions. Obtain regulatory relief as required to facilitate facility crisis responses (e.g., who may administer vaccinations). 	
Indicator Category	Contingency	Crisis	Return Towards Conventional
Space/Infrastructure	<p>Indicators:</p> <ul style="list-style-type: none"> Health care organizations are unable to meet demands with traditional bed capacity utilizing surge strategies. Local and state public health-strategies initiated to activate alternate care sites. <p>Triggers:</p> <ul style="list-style-type: none"> Space expansion is required for community-based interventions (vaccination campaign, etc.). 	<p>Indicators:</p> <ul style="list-style-type: none"> Health care organizations have narrowed admission criteria to maximize available resources. <p>Crisis Triggers:</p> <ul style="list-style-type: none"> Health care organizations have implemented all medical surge strategies and need additional alternate care site locations for inpatient care overflow. <p>Tactics:</p> <ul style="list-style-type: none"> Supply or support mobilization of deployment of volunteer health professionals. 	<p>Indicators:</p> <ul style="list-style-type: none"> Surveillance indicates declining new infections. Health care organizations can broaden admission based on available resources. <p>Triggers:</p> <ul style="list-style-type: none"> Decreasing census in alternate care sites within jurisdiction. State observes multiple health care coalitions readying for demobilization of alternate care sites.

	<ul style="list-style-type: none"> Recognized need to open alternate care sites for screening clinics/early treatment. <p>Tactics:</p> <ul style="list-style-type: none"> Requests are made for waivers to authorize alternate care sites for care delivery. Work with LARA and local Fire Marshall's office for permissions to utilize additional needed space for patient care. Local public health departments work with their local health care organizations and regional health care coalitions to ensure that inpatient sites, including skilled nursing facilities, are prioritized for support. Public health provides risk communication and coordination like 211/websites, to provide information on seeking medical care, clinical care recommendations, and public assistance. Local health departments work with their primary care providers to identify mechanisms to expand services and protect personnel. 	<ul style="list-style-type: none"> Implementation of governmental waivers to establish alternate care sites. <p>Government Tactics:</p> <ul style="list-style-type: none"> State emergency operation centers and health emergency coordination centers work with state and federal agencies to establish declarations and emergency order rules specific to the necessary tactics to respond to the incident. State public health to communicate with state disaster medical advisory committee to review status of CSC guidelines and distribute to impacted health care organizations. 	<p>Tactics:</p> <ul style="list-style-type: none"> Support health care alternate care site demobilization strategies. Patient records, resources, and supplies should be accounted for and returned as required; local and state public health departments mobilize resources to assist as available. <p>Government Tactics:</p> <ul style="list-style-type: none"> State public health works with local partners and non-governmental organizations to communicate plans to return to conventional care.
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	<p>Government Tactics:</p> <ul style="list-style-type: none">• Emergency Support Function-8 lead to keep each local emergency operations center aware of impact and contingency care implemented.• State health implement statewide plans for nurse triage lines, 211, poison control support for callers related to event.• State public health works with all health care coalitions to support implementation of statewide medical surge strategies.• State Community Health Emergency Coordination Center (CHECC) to keep regional health care coalitions and local health departments aware of impact and contingency care implemented.• State health to initiate process for implementing executive orders for public health emergency; may or may not implement at this time.• Local and state public health begin planning strategies for CSC if anticipated event expansion.		
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<i>Indicator Category</i>	<i>Contingency</i>	<i>Crisis</i>	<i>Return Towards Conventional</i>
Supplies	<p>Indicators:</p> <ul style="list-style-type: none"> Local and state monitoring of supplies and inventory data indicate shortage/potential shortage. Benchmark supply availability with disease reporting and mortality data. Anticipate challenges with medical supply chain based on expanding incident. Review communications from each health care coalition for the impact to their health care organizations. <p>Triggers:</p> <ul style="list-style-type: none"> Decreased availability of critical medical resources anticipated. Increasing requests to health care coalition medical coordination center for allocation of regional cache supplies. <p>Tactics:</p> <ul style="list-style-type: none"> Prioritization of resource allocation by urgency of need and risk. 	<p>Indicators:</p> <ul style="list-style-type: none"> Supply demand projections exceed available critical resources. No national source of specific supplies available. <p>Crisis Triggers:</p> <ul style="list-style-type: none"> Shortages of critical equipment, medications, or vaccine present significant risk to persons who cannot receive them. National guidance on rationing distributed. <p>Tactics:</p> <ul style="list-style-type: none"> Focus allocation of scarce resources to maintaining critical social/ public safety function (civil order maintenance) and care of patients. Coordinated risk communication strategies are critical. <p>Government Tactics:</p> <ul style="list-style-type: none"> Use government purchasing powers to support critical medical supplies. Maintain communications with federal Strategic National Stockpile (SNS) program. 	<p>Indicators:</p> <ul style="list-style-type: none"> Vaccine manufacturers have increased supply chain so targeted groups for vaccination is expanded based on disease trends and ethical guidelines. Additional supply resources are obtained. Demand for resources (e.g., ventilators) is declining as event wanes. <p>Triggers:</p> <ul style="list-style-type: none"> Critical medical supplies are sufficient to meet the needs of the patients requiring them. <p>Tactics:</p> <ul style="list-style-type: none"> Continued, coordinated risk communication. Assessment if transition is temporary or likely to be permanent. <p>Government Tactics:</p> <ul style="list-style-type: none"> Local public health should augment Points of Dispensing plans to meet demands when vaccination is expanded as vaccine is available.

	<ul style="list-style-type: none"> Determine delivery time frame and supply availability from other vendors/sources. Review and update risk communication strategies specific to users of critical resources and community. <p>Government Tactics:</p> <ul style="list-style-type: none"> State CHECC work with each health care coalition to allocate regional cache contents and other resources. State CHECC initiates internal mechanisms to move anticipated Medical Counter Measures (MCM) materiel requests to the state emergency operations center (EOC). 	<ul style="list-style-type: none"> State and regional disaster medical advisory committees review triage guidance available and propose recommendations. State public health circulates guidelines on allocation of resources. Legal, regulatory, and emergency powers invoked as required to facilitate fair, planned allocation process. 	<ul style="list-style-type: none"> Demobilization of SNS. State public health to review CSC guidelines for possible revision based on resource availability.
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Fatality Management	<p>Indicators:</p> <ul style="list-style-type: none"> Rising death toll. Rate of deaths projected to exceed local capabilities. <p>Triggers:</p> <ul style="list-style-type: none"> Health care organizations are reporting an inability to manage the number of decedents within facilities. 	<p>Indicators:</p> <ul style="list-style-type: none"> Funeral homes communicating limited resources to conduct funeral services. Rate of deaths projected to exceed regional/surge capabilities. 	<p>Indicators:</p> <ul style="list-style-type: none"> Number of deaths are stabilizing or there is a sustained decline. <p>Triggers:</p> <ul style="list-style-type: none"> Decedent processing can be accommodated within surge or conventional systems. <p>Tactics:</p> <ul style="list-style-type: none"> Risk communication on decedent management.

	<ul style="list-style-type: none"> Local medical examiners/coroners are unable to meet the demands of their jurisdiction with usual processing. <p>Tactics:</p> <ul style="list-style-type: none"> Local public health works with medical examiners/coroners to determine if the bottleneck is processing (medical examiner caseload) or body management. Local public health contacts funeral home, mortuaries, morgues, or crematoriums to assess current impact on capacity and expansion capacity. Local governmental agencies should identify potential cultural barriers to modifications in death processes and prepare strategies to address. Initiate strategies to expedite the completion of death certificates/investigations. <p>Government Tactics:</p> <ul style="list-style-type: none"> State public health investigates modifications to laws, regulations, etc., for dealing with decedents. Governmental authorities initiate planning for possible alternate storage strategies. 	<p>Triggers:</p> <ul style="list-style-type: none"> With disaster plans implemented, fatality processing demand exceeds available resources and threat of civil unrest or decomposition is real. <p>Tactics:</p> <ul style="list-style-type: none"> Risk communication strategies coordinated at local and state levels. <p>Government Tactics:</p> <ul style="list-style-type: none"> Activation of all available mortuary resources, including response teams and expanded cremation and processing operations. Governor declaration for expedited burials and/or temporary interment upon state public health recommendation. NOTE: Requires extensive planning with multiple state agencies to identify a location, tracking, and personnel support to implement such a response to manage mass fatality incident. Consider transfer of decedents to other locations for processing if required. 	<ul style="list-style-type: none"> Local and state public health, in conjunction with medical examiners/coroners, resume normal processes, which include funerals and traditional burials. Alterations that had occurred should be addressed to return to “normal state,” recognizing the complexity associated with variation in cultural and societal death routines.
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	<ul style="list-style-type: none"> Consider federal or state disaster mortuary team resource. Consider temporary storage facilities implementation plan. 		
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Congregate Gatherings	<p>Indicators:</p> <ul style="list-style-type: none"> Epidemiologic models indicate person-to-person spread is prevalent. Multiple jurisdictions reporting that large gatherings implicated in outbreak investigations. <p>Triggers:</p> <ul style="list-style-type: none"> Epidemiologic data indicate increasing outbreaks directly related to known congregate gatherings in more than one jurisdiction. <p>Government Tactics:</p> <ul style="list-style-type: none"> Local and state review immediate and future large-scale venues for anticipated cancellation. Local and state recommendations on school closures. State public health readies quarantine guidelines working with governor's office. 	<p>Indicators:</p> <ul style="list-style-type: none"> Statewide indication of high transmission in gathering settings. <p>Crisis Triggers:</p> <ul style="list-style-type: none"> Forced quarantine is required to prevent spread of dangerous pathogen. Public gatherings prohibited. <p>Government Tactics:</p> <ul style="list-style-type: none"> Executive order or governor's declaration to eliminate congregate gatherings. Quarantine orders implemented as indicated. Governmental agencies collaborate to enforce congregate-gathering bans. 	<p>Indicators:</p> <ul style="list-style-type: none"> Decrease in evidence for person-to-person trends. Criteria for identifying "super spreaders" as individuals allows targeted interventions. <p>Triggers:</p> <ul style="list-style-type: none"> Sustained decrease in disease transmission trends. <p>Government Tactics:</p> <ul style="list-style-type: none"> Governor rescinds gathering orders. Initiate public gatherings. Local and state continue close monitoring of epidemiologic data to ensure continued decline and are prepared to reinstate bans if cases increase.

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*Public Health Indicators, Triggers, and Tactics for Transitions Along the Continuum of Care in a **No-Notice Scenario***

Indicator Category	Contingency	Crisis	Return Towards Conventional
Surveillance Data	<p>Indicators:</p> <ul style="list-style-type: none"> Collection of Essential Elements of Information indicates disruption of services that impact local public health and health care organizations within jurisdiction. Local health department identifies specific population health surveillance data impacted by incident. Impacted persons are being taken to multiple health care organizations through traditional and non-traditional methods. Forecast temperature extremes. <p>Triggers:</p> <ul style="list-style-type: none"> Reports that many facilities have infrastructure damage from health care organizations to their health care coalitions. Communications from local emergency operations centers to state EOC that medical and public health have significant impact to service delivery. 	<p>Indicators:</p> <ul style="list-style-type: none"> Scope of incident indicates need to focus surveillance on key elements of information to support medical and public health operations. Communications indicate emergency management and/or other nongovernmental organization establishing multiple sheltering operations. Incident-related injuries necessitate modification of surveillance strategies. Shelters established, need for augmented surveillance to protect shelter population. <p>Triggers:</p> <ul style="list-style-type: none"> Health care organization capacity is overwhelmed based on casualty counts and impact on health care infrastructure. 	<p>Indicators:</p> <ul style="list-style-type: none"> Focused surveillance indicates diminishing impact of incident. <p>Triggers:</p> <ul style="list-style-type: none"> No additional victims being entered into system. Decreasing numbers in shelters and consolidation of sheltering services. <p>Tactics:</p> <ul style="list-style-type: none"> Return to routine surveillance activities. Extensive review of incident specific surveillance data to determine long-term follow-up or further focused surveillance. Archiving of patient tracking from event.

	<ul style="list-style-type: none"> Incident disrupts medical supply chain; anticipate shortages. Unable to locate or track all patients impacted by incident. <p>Tactics:</p> <ul style="list-style-type: none"> Data collection to local and state EOC's. Local health department implements focused assessments and modifications specific to impact of incident to the population. <p>Government Tactics:</p> <ul style="list-style-type: none"> State Community Health Emergency Coordination Center queries all health care coalitions to identify statewide impact to service delivery and initiate response strategies (patient and resource movement). Implement patient tracking system statewide. 	<p>Tactics:</p> <ul style="list-style-type: none"> Collection of key information is utilized only to maximize distribution resources or reunite families. Continue established patient tracking system and allow access by nongovernmental and other organizations as required to facilitate reunification. 	
Indicator Category	Contingency	Crisis	Return Towards Conventional
Communications Infrastructure ESF #2 – Communications	<p>Indicators:</p> <ul style="list-style-type: none"> Initial and subsequent damage reports indicate substantial loss of 911 or other communications. 	<p>Indicators:</p> <ul style="list-style-type: none"> Widespread loss of critical communications (cellular, Internet, public safety radio, etc.). 	<p>Indicators:</p> <ul style="list-style-type: none"> Public safety communications back online.

	<p>Triggers:</p> <ul style="list-style-type: none"> • Requests from multiple health care organizations and health care coalitions for governmental assistance due to communication infrastructure damage. • Local EOCs getting queries from health care organizations about utility restoration. <p>Tactics:</p> <ul style="list-style-type: none"> • Local public information officials work with media on health-related risk communication strategies. • State public information officials working with other state agency and local public information officials for coordinated risk communications. 	<p>Triggers:</p> <ul style="list-style-type: none"> • Incident unfolding with health care coalitions communicating significant communications infrastructure damage. • Inability for multiple hospitals to communicate with other health care entities/911/health care coalitions. <p>Tactics:</p> <ul style="list-style-type: none"> • Continued need for risk communications to community. • Identify needs of health care organizations in collaboration with health care coalitions. • State public information officials working with other state agency and local public information officials for coordinated risk communications. 	<ul style="list-style-type: none"> • Repairs to health care organizations provide the ability to repopulate or resume previous level of service. <p>Triggers:</p> <ul style="list-style-type: none"> • Emergency communications systems reestablished. <p>Tactics:</p> <ul style="list-style-type: none"> • Communicate de-escalation of incident to community through established methods and using risk communication strategies. • Local and state public health assist with assessments or surveys to clear impacted health care organizations for repopulation or resume suspended services.
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<p>Community Infrastructure</p> <p>ESF #1 – Transportation</p> <p>ESF #3 – Public Works and Engineering</p>	<p>Indicators</p> <ul style="list-style-type: none"> • Initial and subsequent damage reports indicate substantial loss of health care or residential infrastructure. • Many persons are missing, and families are requesting assistance to find them. 	<p>Indicators:</p> <ul style="list-style-type: none"> • Local EOCs and state emergency operation center are fully activated statewide to respond to catastrophic incident. • Widespread loss of utilities. 	<p>Indicators:</p> <ul style="list-style-type: none"> • Public safety communications back online. • Repairs to health care organizations provide the ability to repopulate or resume previous level of service.

<p>ESF #5 – Emergency Management</p> <p>ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services</p> <p>ESF #7 – Logistics Management and Resource Support</p> <p>ESF #8 – Public Health and Medical Services</p>	<ul style="list-style-type: none"> • Disruption of roads impact ability to meet the needs of patient movement. <p>Triggers:</p> <ul style="list-style-type: none"> • Requests from multiple health care organizations and health care coalitions for governmental assistance due to infrastructure damage. • Significant reports of safety issues that could impact community, thus indicating a need for coordinated risk communication strategies. • Local EOCs getting queries from health care organizations about utility restoration. <p>Tactics:</p> <ul style="list-style-type: none"> • Support requests from health care organizations through health care coalition. • Prioritize key public health activities to support critical jurisdictional needs and health care organization service delivery. • Local EOCs establishing mechanisms to implement family reunification systems. 	<p>Triggers:</p> <ul style="list-style-type: none"> • Incident unfolding with health care coalitions communicating multiple facilities with significant infrastructure damage. • Inability for multiple hospitals to remain in their current building without significant support. • Multiple health care facilities require evacuation and there are inadequate transport resources to support evacuation. • Local emergency management indicates a need to establish multiple shelters, including functional needs and unaccompanied minors. <p>Tactics:</p> <ul style="list-style-type: none"> • Identify needs of health care organizations in collaboration with health care coalitions. • Local health departments should identify staff, including volunteers, to assist in shelters, including those targeted to functional needs and unaccompanied minors. • State working with locals to ensure that family reunification systems can meet demands. 	<p>Triggers:</p> <ul style="list-style-type: none"> • Emergency communications systems reestablished. <p>Tactics:</p> <ul style="list-style-type: none"> • Communicate de-escalation of incident to community through established methods and using risk communication strategies. • Local and state public health assist with assessments or surveys to clear impacted health care organizations for repopulation or resume suspended services.
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Staff	<p>Indicators:</p> <ul style="list-style-type: none"> Personnel availability impacted by access, family obligations, injury/direct effects. <p>Triggers:</p> <ul style="list-style-type: none"> Request for additional medical or public health personnel to support operations. <p>Tactics:</p> <ul style="list-style-type: none"> Identify cross-trained personnel to support services linked to incident. Modifications to services will be based on staff available. Plan to support response with volunteer health professionals. <p>Government Tactics:</p> <ul style="list-style-type: none"> Work with LARA to expedite licensing for out of state health care professionals. 	<p>Indicators:</p> <ul style="list-style-type: none"> Personnel availability impacted widely by access, family obligations, injury/direct effects. Local infrastructure damage will prevent mutual aid in a timely manner. Alternate care sites and shelters initiated. <p>Triggers:</p> <ul style="list-style-type: none"> Multiple organizations requesting medical staff support and inadequate availability of staff via usual programs (ESAR-VHP, etc.). Specialty consultation unavailable to hospitals boarding burn, pediatric, or other patients due to demands or communication issues at referral centers. <p>Tactics:</p> <ul style="list-style-type: none"> Use available staff and provide support for non-specialized tasks to maximize response. Limit services to those related to life/safety issues only. Facilitate out-of-area specialty consultation as applicable. 	<p>Indicators:</p> <ul style="list-style-type: none"> Decreasing use of alternate care sites. Decreasing requests for staff support. <p>Triggers:</p> <ul style="list-style-type: none"> Health care organizations releasing volunteer and other supplemental staff. Alternate care sites demobilizing. <p>Tactics:</p> <ul style="list-style-type: none"> Initiate processes to return staff to routine positions. Implement demobilizations strategies if volunteers were used.

		<ul style="list-style-type: none"> Use volunteer health professionals if available. <p>Government Tactics:</p> <ul style="list-style-type: none"> State to seek additional personnel resources through federal programs (U.S. Department of Health and Human Services, U.S. Department of Defense, etc.) 	
Indicator Category	Contingency	Crisis	Return Towards Conventional
Space/infrastructure	<p>Indicators:</p> <ul style="list-style-type: none"> Emergency management has initiated shelters. Emergency medical services (EMS) reporting evacuations of long-term care (LTC) and similar facilities. Hospital data indicate capacity exceeded at multiple facilities despite surge capacity plan activation. <p>Triggers:</p> <ul style="list-style-type: none"> Local requests for assistance with patient movement. Inadequate EMS resources to accommodate demands. <p>Tactics:</p> <ul style="list-style-type: none"> Local EOCs work with regional health care coalitions to identify and prioritize transport resources. 	<p>Indicators:</p> <ul style="list-style-type: none"> Communications indicate demand exceeds patient transport supply. Hospitals have inadequate space for victims. <p>Crisis triggers:</p> <ul style="list-style-type: none"> Requests to modify EMS transport protocols. Requests for alternate care sites for inpatient overflow. <p>Government Tactics:</p> <ul style="list-style-type: none"> State ESF-8 works to implement protocol waivers to support modified transport plans. State public information official communicates efforts to all medical health entities. 	<p>Indicators:</p> <ul style="list-style-type: none"> EMS indicates return to normal dispatch and transport protocols. Alternate care sites no longer required/use diminishing. <p>Triggers:</p> <ul style="list-style-type: none"> System data indicate returning to baseline transport status. <p>Tactics:</p> <ul style="list-style-type: none"> Support efforts to return EMS to normal operations and regulations. Support demobilization of alternate care sites and shelter medical support.

	Government Tactics: <ul style="list-style-type: none"> • Need anticipated to modify EMS transport protocols statewide and suspend specific staffing and other response requirements. • State health emergency coordination center to work on statewide available resources through health care coalition structure. • State public health and state EOC identify additional resources through Mutual Aid Agreements or Emergency Management Assistance Compact (EMAC). 	<ul style="list-style-type: none"> • State coordination of field hospital and patient transportation assets from state, EMAC, and federal sources. 	<ul style="list-style-type: none"> • Local and state public health staff gather all after-action reports, meet with key stakeholders to identify challenges, and plan to support future operations.
Indicator Category	Contingency	Crisis	Return Towards Conventional
Supplies	Indicators: <ul style="list-style-type: none"> • Interruption in supply chain impacts resource availability. • Local use of resources exceeds supply (e.g., blood products, surgical supplies). Triggers: <ul style="list-style-type: none"> • Resource shortages reported, including medical material and pharmaceuticals. • Local request for SNS or cache materiel. Tactics:	Indicators: <ul style="list-style-type: none"> • Critical medical supplies are unavailable. Crisis triggers: <ul style="list-style-type: none"> • Unable to locate additional medical supplies to support medical care, presenting a life/safety risk. Government Tactics: <ul style="list-style-type: none"> • Local and state public health should continue to identify resources to support organizational response; this would include EMAC requests for services/supplies. 	Indicators: <ul style="list-style-type: none"> • Mobilization of equipment, supplies, and resources to meet demand. Triggers: <ul style="list-style-type: none"> • Decreasing requests for additional supplies to support response. Tactics: <ul style="list-style-type: none"> • Data collection and financial accountability to assess impact of incident and plan for remediation of gaps. • Continue situational monitoring for sustained improvement.

	<ul style="list-style-type: none"> Local health care organizations work with their health care coalition to distribute regional resources, including obtaining resources from health care coalitions that are not impacted by the incident. <p>Government Tactics:</p> <ul style="list-style-type: none"> State Emergency Support Function- (ESF-) 8 should identify possible waivers, including the reuse of equipment and supplies within health care organizations. Initiate process to request SNS or other materiel through state EOC. 	<ul style="list-style-type: none"> Executive orders or public health/ emergency declaration if needed to support altering the use of equipment, supplies, or human resources. Public health guidance on allocation of specific scarce resources may be required, with input from state disaster medical advisory committee. 	
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Revised December 23, 2024