



Preparedness Plan

Healthcare Coalition of Rhode Island

As of 04/03/2018

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Promulgation Document

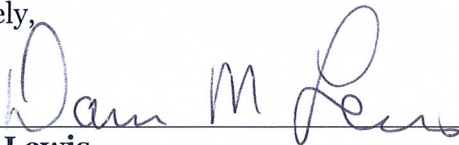
To all Recipients:

Promulgated herewith is the Healthcare Coalition of Rhode Island Preparedness Plan. This plan serves to establish the foundation on which the Coalition conducts its routine business in promoting emergency preparedness throughout Rhode Island's healthcare system. It outlines the Coalition's general mission, goals and priorities, central administrative functions, and members' roles and responsibilities.

This plan is the first of several that will be developed to support the Coalition's operations. These plans are not intended to either preclude or supersede any plans maintained by the Coalition's members; rather, they are intended to provide clear guidance to members and stakeholders about the Coalition's activities, around which they may further develop and refine their respective plans, processes, and activities.

This plan will be reviewed by the Coalition's membership on an annual basis. Lessons learned and best practices that have been identified will be incorporated into a regular update process, coordinated by the Coalitions' Co-Chairs. Preparedness gaps, updated Coalition priorities and objectives, and planned activities outlined within this plan will also be updated on a regular basis.

Sincerely,



Dawn Lewis
HCRI Co-Chair

4/5/18
Date

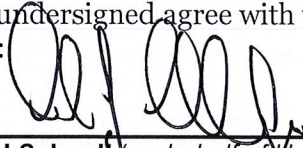


Joseph Reppucci
HCRI Co-Chair

4/5/18
Date

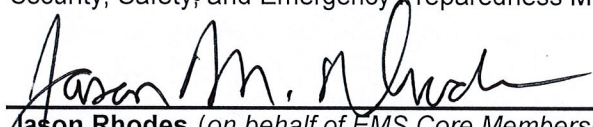
Verification of Plan Approval

The undersigned agree with the following Healthcare Coalition of Rhode Island Preparedness Plan:



David Schnell (on behalf of Hospital Core Membership)
Security, Safety, and Emergency Preparedness Manager, Women and Infants Hospital

4/5/2018
Date



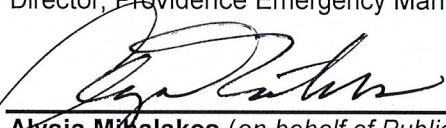
Jason Rhodes (on behalf of EMS Core Membership)
Chief, Center for Emergency Medical Services, Rhode Island Department of Health

4/5/2018
Date



Kevin Kugel (on behalf of Emergency Management Core Membership)
Director, Providence Emergency Management Agency

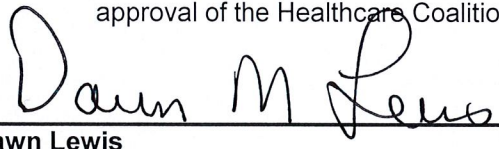
4/5/2018
Date



Alysia Mihalakos (on behalf of Public Health Core Membership)
Chief, Center for Emergency Preparedness and Response, Rhode Island Department of Health

4/5/18
Date

The Co-Chairs of the Healthcare Coalition of Rhode Island have reviewed and authorized final approval of the Healthcare Coalition of Rhode Island Preparedness Plan.



Dawn Lewis
HCRI Co-Chair

4/5/2018
Date



Joseph Reppucci
HCRI Co-Chair

4/5/2018
Date

Record of Revision

The following revisions have been approved by the Co-Chairs of the Healthcare Coalition of Rhode Island, in concert with all appropriate stakeholders:

Section and Summary of Changes	Date of Revision	Revision Number	Revision Made By

Record of Distribution

The following individuals and agencies have received this version of the Healthcare Coalition of Rhode Island Preparedness Plan:

Plan Recipient and Job Title	Agency	Date of Delivery	Copies Delivered

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Introduction

Purpose and Scope

The Healthcare Coalition of Rhode Island Preparedness Plan was developed to outline both the characteristics of the Coalition and the processes it employs to enhance coordination among its members as they work to advance their disaster preparedness efforts. In so doing, this plan outlines the Coalition's central administrative and strategic functions. This plan does not preclude or supersede the administrative or strategic functions of any of the Coalition's members; instead, the plan is intended to serve as a reference for the Coalition's membership, around which members may better plan and develop their respective preparedness activities. Additional policies and procedures related to the Coalition's emergency responses are outlined in the Healthcare Coalition of Rhode Island Response and Recovery Plan (*in development*).

Administrative Support

This plan will be reviewed by the Coalition's Core Members on a regular basis, taking into consideration lessons learned and best practices from recent events and exercises, as well as from federal guidance. Revisions will be coordinated by the Coalition's Co-Chairs.

Overview

Background

Rhode Island's single, statewide healthcare emergency preparedness coalition, the Healthcare Coalition of Rhode Island (also referred to as HCRI, or the Coalition), has been in place since 1999 and has grown over time to meet changing needs and guidance. While the Coalition has undergone several name changes over the years, its mission has remained fundamentally the same: to serve as a forum for cooperation among organizations to develop a networked plan for interaction and collaboration in disaster-related planning, mitigation, response, and recovery efforts that address Rhode Island's healthcare system. Since its inception, HCRI has been cited several times by the federal Hospital Preparedness Program as a best practice.

Coalition Boundaries

HCRI encompasses the geographic boundaries of the State of Rhode Island, though entities from outside Rhode Island, while not themselves members of the Coalition, may participate in varying capacities.

Coalition Members

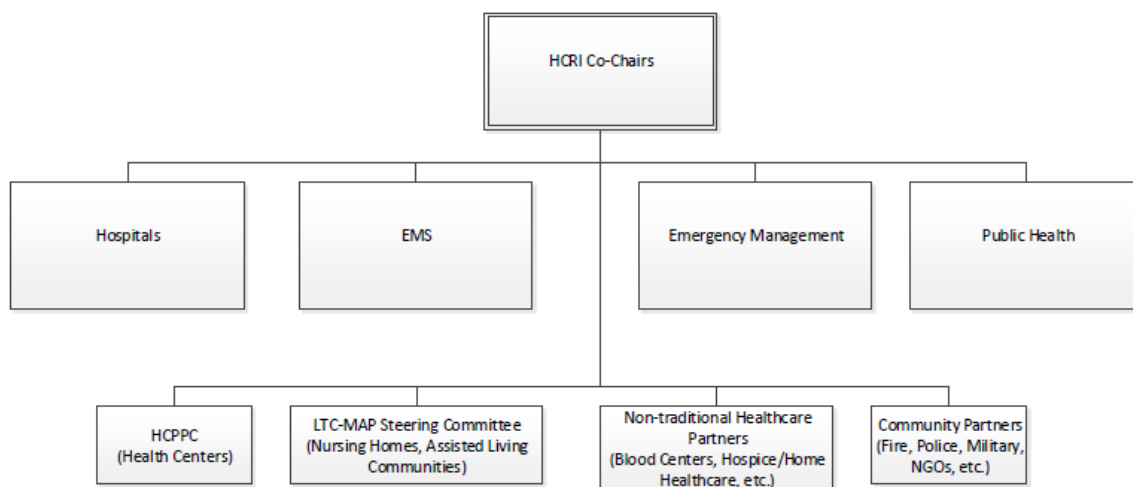
In general, all healthcare organizations in Rhode Island are considered stakeholders of HCRI. Because RIDOH co-chairs HCRI and has responsibilities, both statutory and issued by grant guidance, to a broad host of healthcare organizations, any healthcare organization in Rhode Island may be eligible, pending approval from the Coalition's leadership, to participate in the Coalition. Each organization should consult regulations, licensing standards, funding agreements, professional groups, and other relevant sources to understand its respective disaster preparedness and response obligations.

Once approved by the Coalition’s leadership, new members are provided a brief document that outlines roles and responsibilities of Coalition members (see **Attachment C**). New members are asked to sign this document, which is then kept on file by the Coalition’s leadership. Membership information is maintained by the Coalition leadership. Members agree to share their respective organizations’ 24/7 emergency contact information with the Coalition and its members for disaster preparedness and response purposes.

Certain healthcare providers and emergency services, specifically hospitals, emergency medical services (EMS), emergency management agencies, and public health, play especially active roles in the Coalition, and thus make up the Core Membership. Additional, non-Core Members include health centers, nursing homes, assisted living communities, blood centers, first response agencies (police and fire), tribal nations, federal partners, military, home health agencies, etc., which play important roles in supporting the healthcare system during emergencies. A full listing of HCRI’s current membership can be found in **Attachment A**.

Organizational Structure and Governance

HCRI is co-chaired by a member of the Rhode Island Department of Health’s (RIDOH) Healthcare Preparedness Program Coordinator and the Hospital Association of Rhode Island’s (HARI) Healthcare Emergency Preparedness Coordinator. Several subcommittees operate under the umbrella of the Coalition, including a committee specifically intended for community health centers (the Health Center Preparedness Planning Committee, or HCPPC), which is chaired by the Rhode Island Health Center Association, and the Long-Term Care Mutual Aid Plan (LTC-MAP) Steering Committee, which represents nursing homes and assisted living communities.



Voting Process

Each Core Member sector (e.g., Hospitals) has one collective vote (i.e., one vote for Hospitals, one vote for EMS, one vote for Public Health¹, and one vote for Emergency Management). Inside

¹ Public Health’s (RIDOH’s) HCRI representative is distinct from the HCRI Co-Chair.

each Core Member sector, represented entities will vote on the given issue. The outcome of the vote within each sector will determine the sector's collective vote. (*Example: Hospitals vote 10-2 in favor of Option A; therefore, the Hospital sector casts its one collective vote in favor of Option A.*) HCRI's Co-Chairs will collectively cast one vote. Rhode Island's Principal Investigator for the federal Hospital Preparedness Program grant (who may not him or herself otherwise vote on issues) will retain veto power.

Risk

On an annual basis, the Coalition's membership convenes to identify threats and hazards, members' vulnerabilities, and best practices to mitigate risk during the annual HCRI Conference. The Conference includes speakers on relevant topics (e.g., facility evacuations, utilities, active shooters) determined by the HCRI Conference Workgroup. Selection of speakers and topics is typically influenced by real-world events and demand from the Coalition's membership.

Risk posed to Coalition members will be evaluated through the analysis and aggregation of individual members' HVAs.

A summary of the Coalition's most recent HVA findings can be found in **Attachment B**.

Gaps

Gaps identified through risk assessments, for instance the State's (Threat and) Hazard Identification and Risk Assessment (THIRA and HIRA) or the Coalition's annual conference, will be addressed by HCRI leadership and its membership during regularly scheduled HCRI meetings. Depending on the gap, its mitigation or remediation may include planning, resource acquisition, training, and/or exercising.

HCRI currently conducts regular resource assessments of its healthcare organizations, including facility information (e.g., bed types, clinical capabilities, vendors, alternate care sites), equipment inventories (including all equipment previously purchased with preparedness funds, such as communications and IT equipment), and detailed electrical, generator, and other utility information. As circumstances dictate (e.g., the PPE required by the Ebola funding or specific medications when there are shortages), relevant healthcare partners are queried about resource availability and the collated information is shared among the Coalition's membership. When resource gaps are identified, HCRI will typically work to leverage group purchases of the lacking resource in order to reduce cost.

Compliance Requirements

Recognizing that healthcare organizations are subject to a host of requirements from various entities (e.g., the Centers for Medicare and Medicaid, the Joint Commission, and the Occupational Safety and Health Administration), HCRI leadership facilitates cooperation between applicable healthcare organizations and municipal agencies (e.g., emergency management), especially with respect to meeting whole community planning and exercise requirements. To further aid members in meeting various compliance requirements, HCRI leadership may coordinate training and educational opportunities, when available.

RIDOH's HCRI representative maintains strong working relationships with RIDOH's Center for Health Facilities Regulation.

Strategy

This section outlines the general operation of the Healthcare Coalition of Rhode Island.

Objectives

HCRI provides two main functions for its membership:

1. A forum to facilitate information sharing among its members. Information, such as best practices, lessons learned from exercises and real-world events, details on upcoming events of interest, intelligence on new or emerging threats, etc., is routinely shared in HCRI, both during scheduled meetings and on an ongoing basis through email and other means.
2. A mechanism to enhance coordination among its members and with response agencies outside the healthcare sector during emergency responses. The structure of HCRI, with its direct connection to RIDOH and HARI, provides external response agencies a single, unified means of interaction with the healthcare sector, thus ensuring an accurate and valid common operating picture for the overall response. The information sharing mechanisms within the Coalition also lend to enhanced coordination among its members during responses.

HCRI's overarching objective is to ensure that it continues to exist and operate in such a fashion as to maintain these two central functions. To that end, the Coalition's short-term objectives include for the current budget period (2018-9):

1. HCRI will host a conference of Coalition members and stakeholders to identify risk posed to members, establish partnerships, and provide educational opportunities to promote the Coalition's preparedness.
2. HCRI will coordinate the delivery of Incident Command System training courses specifically designed for healthcare personnel.
3. HCRI will engage regional tertiary care partners to revive regional evacuation planning.

Maintenance and Sustainability

The Healthcare Coalition of Rhode Island is heavily reliant on the availability of federal HPP funding. While in the past, some Core Members have been directly funded to participate in Coalition activities, current funding levels will not support this strategy. Members of the Coalition are expected to continue to make in-kind contributions to the Coalition (e.g., providing space for events, participation in workgroups, and providing equipment). At present, funding is available to support initiatives that benefit the Coalition collectively, such as equipment purchases, training and exercise opportunities, and so forth.

The HCRI Co-Chairs will continue to evaluate viable alternative sources of funding for the Coalition.

See **Attachment D** for more specific information about HCRI's funding.

Engagement with Partners and Stakeholders

HCRI strives to establish and maintain positive working relationships with partners and stakeholders to further support its mission and the needs of the Coalition.

Healthcare Executives

Through its connections not only to the Hospital Association of Rhode Island, but also to various other healthcare facility trade organizations (such as the Rhode Island Health Center Association, the Rhode Island Health Care Association, the Rhode Island Assisted Living Association, etc.), HCRI's membership maintains direct links to healthcare executives throughout Rhode Island's healthcare system.

Clinicians

On a regular basis, Co-Chairs of HCRI conduct conference calls with Emergency Department Nurse Managers. These calls provide an opportunity for HCRI to share relevant information that may have impacts on clinical workflows; they also provide the opportunity for Emergency Department personnel to share questions or concerns with the Coalition.

During emergencies, especially those with explicit health impacts (such as an infectious disease outbreak), HCRI supports information-sharing processes led by RIDOH to provide incident-specific guidance to clinicians throughout Rhode Island.

Hospital Security Personnel

On a regular basis, Co-Chairs of HCRI conduct conference calls with hospital-based security directors and the Rhode Island State Police's Fusion Center. These calls provide an opportunity for HCRI to share relevant security information that may have impacts on hospital operations; they also provide the opportunity for security personnel to share questions or concerns with the Coalition and its state public safety partners.

Community Leaders

Engagement with community partners and leaders is typically coordinated through RIDOH. Past examples of coordination have included the state responses to Ebola and Zika, in which RIDOH regularly coordinated public messaging efforts with relevant community groups, especially those that were at increased risk of impact during those events.

Regional Partners

When appropriate, HCRI's leadership will engage with various regional partners to address issues that have regional impacts. This coordination is intended to further strengthen the resilience of the region, especially as it relates to promoting emergency preparedness within the healthcare sector.

Children, Pregnant Women, Seniors, and Individuals with Access and Functional Needs

In developing plans and processes, HCRI takes care to ensure that consideration of the unique needs of vulnerable populations, such as children, pregnant women, seniors, and those with access and functional needs, is incorporated.

Guidance on issues related to pediatric preparedness and measures that HCRI members can take to better respond to the needs of children during disasters are shared with the Coalition by RIDOH's EMS for Children Program Coordinator.

Rhode Island's Special Needs Emergency Registry (RISNER), which is maintained by RIDOH, is routinely promoted within the Coalition to its members to incorporate into their respective

patient discharge processes. Data collected by this system and others, such as emPOWER, are routinely consulted to support planning efforts.

When disasters occur that bear a specific impact to the health and safety of vulnerable populations, HCRI's Co-Chairs will coordinate with appropriate community partners and subject-matter experts, including those from within RIDOH who normally perform work in programs related to supporting these populations, to develop and share relevant guidance for the Coalition's members.

Establishing and Maintaining Coalition Response Capabilities

Please note that these elements of the Coalition's operations are covered in greater detail within HCRI's Response and Recovery Plan (*in development*).

Communications

A variety of interoperable communications systems are employed by the Coalition to promote response coordination. These systems include both voice and data capabilities, including 800 MHz radio, landline and satellite telephone, email, online project management software (Basecamp), online hospital bed capacity and patient tracking (the Hospital Capacity System and Patient Tracking System, respectively), fax, mass notification (the Rhode Island Health Notification System), and others.

Access to these systems is based on level of Coalition membership and organization type. A number of these systems are used routinely on a daily basis, while others are reserved for disaster situations. All systems are tested regularly and often play integral roles in Coalition drills and exercises.

Information Sharing

One of the Coalition's central response plans, the Healthcare System Event Work Plan, establishes criteria and intervals for reporting essential elements of information leading up to, during, and after a disaster. The information shared through this process helps establish a common operating picture of the healthcare system during a disaster, which in turn helps Rhode Island's Emergency Support Function 8, which is staffed by the Rhode Island Department of Health (including at least one of the Coalition's co-chairs), inform the State's broader response to the incident.

Resource Coordination

Resource status within the Coalition is evaluated on a continual basis; however, during emergencies, assessing the status of resources maintained by Coalition members is usually conducted through processes outlined in the Healthcare System Event Work Plan. When resource gaps are identified, the Coalition Co-Chairs will evaluate first whether the gap can be filled from within the Coalition through the use of various interfacility memoranda of understanding that have been established, or, if not possible, whether state, federal, and private partners can assist.

Operational Response Planning

All members of the Healthcare Coalition of Rhode Island are encouraged to develop and regularly maintain emergency operations plans for their respective organizations. Members should strive to ensure their plans align with processes outlined in the Coalition's plans, which serve to enhance coordination among member organizations during large-scale disasters.

With respect to the development and continued refinement of the Coalition’s operational plans, member input is routinely sought. Lessons learned from training and exercises are incorporated into the planning processes, as appropriate.

Roles and Responsibilities

Core Members meet monthly to establish priorities for strategic planning; to approve policies, plans, or other products of the Coalition; to discuss funding decisions for the HPP grant and/or other funds available to the Coalition; and to provide other guidance and support as needed to sustain Coalition initiatives. Issues are debated and decided in accordance with the voting process outlined in **Overview>Organizational Structure and Governance>Voting Process**. Minutes and notes from the meetings are prepared by HCRI and shared with the entire Coalition. Meetings of the Healthcare Coalition of Rhode Island are not considered “open meetings” by the Rhode Island’s Secretary of State’s standards.

Active participation in HCRI is further demonstrated through regular participation in Coalition activities, including:

- **Attendance:** In-person attendance at HCRI meetings. Meetings serve as valuable opportunities for members to voice interest in HCRI priorities, identify gaps in preparedness, share best practice, and build relationships.
- **Communications:** HCRI members maintain current contact information for their respective organizations’ emergency contacts and agree to share this with Coalition partners. HCRI members also ensure that communication systems used in emergencies (including voice and internet-based platforms) remain in functioning order. During emergencies, HCRI members agree to respond promptly to requests for information from the HCRI Co-Chairs.
- **Training & exercises:** HCRI members participate in trainings and exercises and other events, as requested. On an annual basis, RIDOH coordinates the development of a multi-year training and exercise plan, which incorporates the Coalition’s planned exercises and trainings. This plan is then shared with the Rhode Island Emergency Management Agency for incorporation into the State’s Training and Exercise Plan.
- **Evaluation:** HCRI members customarily “hotwash” responses to both real-world events and exercises, in order to identify both areas for improvement and best practices. Lessons learned from individual members’ training and exercise events are routinely shared with the broader Coalition membership. Findings from hotwashes are then incorporated into planning efforts, as well as future training and exercises, as appropriate.
- **Planning:** HCRI members ensure the integration of Coalition processes and procedures, as appropriate, into their respective organizations’ internal disaster plans. When requested, HCRI members provide feedback and approval in the development of Coalition plans and procedures.
- **Workgroups:** When an issue or gap is brought to the attention of the Coalition that requires a concerted effort to address, a multidisciplinary team of HCRI members will be convened to investigate the issue or gap, plan for its remediation, and support implementation of the solution. Throughout the process, the workgroup will update the Coalition on its progress.

A listing of the Coalition’s current planned activities can be found in **Attachment E**.

In the event that a member's participation wanes, the HCRI Co-Chairs will confer with the member and attempt to address any hindrances to participation. If a solution cannot be reached, then that member will be removed from the HCRI roster.

Attachments

Attachment A: HCRI Membership Roster

The following is a list of current Healthcare Coalition of Rhode Island members:

Leadership

Co-Chairs

- Rhode Island Department of Health
- Hospital Association of Rhode Island

Core Members

Hospitals

- Bradley Hospital
- Butler Hospital
- Eleanor Slater Hospital
- Kent Hospital
- Landmark Medical Center
 - Rehab Hospital of Rhode Island
- Miriam Hospital
- Newport Hospital
- Providence VA Medical Center
- Rhode Island Hospital
 - Hasbro Children's Hospital
- Roger Williams Medical Center
- St. Joseph's Health Services (Our Lady of Fatima Hospital)
- South County Hospital
- Westerly Hospital
- Women and Infants Hospital

Emergency Medical Services

- All licensed municipal and private EMS agencies in Rhode Island
(Note: the EMS Sector is represented at HCRI by RIDOH's Center for Emergency Medical Services)

Emergency Management

- Rhode Island Emergency Management Agency
- All municipal emergency management agencies in Rhode Island
(Note: municipal emergency management agencies are represented at HCRI by a delegate from the Rhode Island Association of Emergency Managers)

Public Health

- Rhode Island Department of Health

Non-Core Members

Assisted Living Communities

- All assisted living communities in Rhode Island

(Note: assisted living communities are represented at HCRI by a delegate from the Long-Term Care Mutual Aid Plan Steering Committee, a subcommittee of HCRI)

Community Health Centers

- All community health centers in Rhode Island
(Note: community health centers are represented at HCRI by a delegate from the Health Center Preparedness Planning Committee, a subcommittee of HCRI)

Long-Term Care Facilities

- All long-term care facilities in Rhode Island
(Note: long-term care facilities are represented at HCRI by a delegate from the Long-Term Care Mutual Aid Plan Steering Committee, a subcommittee of HCRI)

Blood Centers

- Rhode Island Blood Center

Military

- Rhode Island National Guard 13th Civil Support Team
- Naval Health Clinic New England (Newport)

Home Healthcare and Hospices

- Rhode Island Partnership for Home Care

Public Safety Organizations

- Rhode Island Association of Fire Chiefs
- Rhode Island State Police Fusion Center

Non-Governmental Organizations

- Rhode Island Chapter of the American Red Cross
- Rhode Island Disaster Medical Assistance Team/Medical Reserve Corps

Professional and Trade Organizations

- Hospital Association of Rhode Island
- Rhode Island Health Center Association
- Rhode Island Health Care Association
- Rhode Island Assisted Living Association

Tribal Organizations

- Narragansett Indian Health Center

Other

- Rhode Island Office of the Long-Term Care Ombudsman
- Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals

Attachment B: Hazard Vulnerability Assessment

Hazard Identification

Below is a ranking of hazards to healthcare organizations, as identified by the Healthcare Coalition of Rhode Island's most recent Hazard Vulnerability Assessment Conference participants:

As of May 2017

1. Inclement weather
2. Communications/telephone failure
3. IT system outage
4. Seasonal influenza
5. Power outage
6. Epidemic
7. Forensic admission
8. Workplace violence/threat
9. Internal flood
10. Planned power outage

For more detailed information, please contact the HCRI Co-Chairs.

Regional Healthcare Resources

HCRI routinely collects information from its members regarding resource inventories. This information is used to enhance situational awareness throughout the Coalition and to support resource-sharing among its members. This information is stored securely by the HCRI Co-Chairs. Strategies to address and mitigate resource gaps are outlined in **Overview>Gaps**.

For more detailed information, please contact the HCRI Co-Chairs.

Attachment C: Participation Commitment



Healthcare Coalition of Rhode Island Participation Commitment

The purpose of this participation commitment is to outline expectations that accompany membership in the Healthcare Coalition of Rhode Island (HCRI). Once fully executed, this document establishes membership in HCRI, in accordance with the governance structure established in the Healthcare Coalition of Rhode Island Preparedness Plan. Neither that plan nor this document is a legal contract, and neither create a legal obligation on the part of any party or government entity.

_____ [Organization] is committed actively participating in HCRI. It is committed to the vision, goals, priorities, objectives, and strategies that have been and/or will be established by the Coalition. It is committed to the planning and collaboration that HCRI undertakes. It acknowledges the contributions and expectations of other members of the Coalition. In so doing, _____ [Organization] will benefit from the support of HCRI in preparing and responding to disasters that may affect its operations. This support includes guidance on emergency plan development, coordinated information sharing before, during, and after disasters, training opportunities, and more.

As general evidence of our commitment, _____ [Organization] agrees to do the following:

- ✓ Appoint a representative(s) to attend HCRI meetings and activities
- ✓ Authorize that representative to make decisions on the organization's behalf, except for decisions regarding _____ [specify exceptions, if appropriate]
- ✓ Review minutes, reports, and newsletters to keep abreast of HCRI activities
- ✓ Disseminate relevant information to organizational members or employees
- ✓ Share relevant data in support of the HCRI's mission
- ✓ Maintain communication during disasters
- ✓ Keep HCRI informed of organization-related activities, incidents, and events that may impact its operation
- ✓ Specifically, our organization will commit the following resources to the Coalition:
 - Participation in HCRI workgroups to address preparedness gaps
 - In-kind contributions of staff time, material resources, and meeting space

Organization _____

Name of Organization's Representative _____

Signature of Representative _____

Date _____

Attachment D: Program Plan and Budget

HCRI 2018-19 Total Budget \$120,000*

*Budget conversations occurred during the March 20, 2018, HCRI meeting.

Statewide Decontamination Response Team	\$80,000
Burn Cart Supplies	\$11,000
ICS Position Specific Training	\$3,000
Northeast Tertiary Care Facilities Coalition	\$14,000
RESCQ System	\$12,000
Law Enforcement Anaphylaxis Prevention (LEAP).....	\$5,000

Attachment E: 2018 Healthcare Coalition of Rhode Island Planned Activities

Healthcare Coalition of Rhode Island (HCRI) Core Members include hospitals, emergency medical services, emergency management, and public health.

Activity	Date	Participants
Develop plans to recruit, manage, and incorporate volunteer health professionals	Ongoing	Core Members
ICS training for healthcare	Ongoing	Hospitals, nursing homes, assisted living communities, and others (depending on availability)
Ebola/special pathogen preparedness	Ongoing	Core Members
Monthly HCRI meetings	Monthly	Core Members
HCRI workgroups	Monthly, as scheduled	Core Members and all others (as assigned)
Security Director Peer Group	Quarterly	Hospitals
ED Nurse Manager Peer Group	Quarterly	Hospitals
Hospital preparedness exhibits	Winter 2017 - Spring 2018	Hospitals, public health
Annual RI Medical Emergency Distribution System training	December 2017, TBD	Core Members
Bi-annual review of emPOWER and Social Vulnerability Index data	January 2018, TBD	Core Members
Complete HPP Coalition Assessment Tool	January 30, 2018	Core Members
Coalition Surge Test	Spring 2018	Core Members
Conduct Closed POD planning	Spring 2018	Hospitals, public health
Finalize and approve HCRI Preparedness Plan	Spring 2018	Core Members
HCRI Annual Conference	April 5, 2018	Core Members and all others
Conduct annual healthcare system Hazard Vulnerability Assessment	April 5, 2018	Core Members and all others
LTC-MAP Education Day	May 24, 2018	Nursing homes, assisted living communities, public health, emergency management, emergency medical services
LTC-MAP exercises	June 20-21, 2018	Nursing homes, assisted living communities, public health, emergency management, emergency medical services
BioSeal training	June 2018	Hospitals, public health
Purchase evacuation equipment	Prior to June 30, 2018	Hospitals, public health