Response Plan

Healthcare Coalition of Rhode Island

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Promulgation Document

To All Recipients:

Promulgated herewith is the Healthcare Coalition of Rhode Island (HCRI) Response Plan. This plan outlines the processes and general strategies of the Coalition to support its members in responding to a disaster.

This plan is not intended to either preclude or supersede any plans maintained by the Coalition's members; rather, it is intended to provide clear guidance to members and other interested groups about the Coalition's response processes, 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.

Sincerely,

Dawn M Lewis

6/25/2025

Dawn Lewis Date
HCRI Co-Chair

Rupsha Biswas

6/25/2025

Rupsha Biswas Date
HCRI Co-Chair

***Note**: Review of the Response Plan's annexes conducted in 2024-25 has identified the need for updates throughout each, particularly for references to communications systems (e.g., PHEMS, ImageTrend Resource Bridge, ProtectAdvisr) that have undergone transition or implementation during this same period. Updates to the annexes to align with current systems reflected in this HCRI Response Plan, as well as to incorporate recently learned best practices relevant to each annex's respective area of focus, are currently underway.*

Verification of Plan

The undersigned agree with the following Healthcare Coalition of Rhode Island (HCRI) Response Plan:

John O'Reilly (Women and Infants Hospital) — Date: 2 30/w 23
Hospital Representative

John Potvin (East Providence Fire Department) — Date: 6/23/23
Emergency Medical Services Representative

Clara Decerbo (Providence Emergency Management Agency) — Date: 6/23/2023
Emergency Management Representative

Alysia Mihalakos (Rhode Island Department of Health) — Date: 6/23/2023
Public Health Representative

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

Dawn Lewis — Date: 6/25/2025
HCRI Co-Chair

Rupsha Biswas — Date: 6/25/2025
HCRI Co-Chair

Record of Revision

Section and Summary of Changes	Date of Revision	Revision Number	Revision Made By
Routine updates throughout, addition of HCRI COOP Strategy and Response Strategy	March 2023	1	HCRI Leadership
Updated Healthcare System Event Work Plan	September 2023	2	HCRI Leadership
Reorganization of sections and changes in alignment with BP1 HPP NOFO; updates to information-sharing systems	January 2025	3	HCRI Leadership
Removed the COOP and Recovery Strategy from this document to make each a stand-alone plan; updated and expanded verbiage related to information sharing, medical surge support, and resource management	June 2025	4	HCRI Leadership

Record of Distribution

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

Plan Recipient and Job Title	Agency	Date of Delivery	Copies Delivered
All HCRI Members	HCRI Members	September 2023	Posted to the HCRI website
All HCRI Members	HCRI Members	January 2025	Posted to the HCRI website
All HCRI Members	HCRI Members	June 2025	Posted to the HCRI website

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Introduction

Purpose and Scope

The Healthcare Coalition of Rhode Island Response Plan builds on the framework of Healthcare Coalition of Rhode Island (HCRI) operations, as established in the HCRI Preparedness Plan, to outline actions that the Coalition takes when responding to and recovering from disaster. The processes and strategies presented in this plan are of an all-hazards focus; they offer actions that the Coalition may take with respect to a broad spectrum of incident types (e.g., intentional, naturally occurring, technological) and effects (e.g., power loss, medical surge, evacuation).

Although the processes and strategies outlined in this plan do not preclude the existence or execution of other plans, processes, or strategies of individual HCRI members or any external partners, it is important to remember that the success of the Coalition is dependent on its ability to coordinate the responses of its individual members. While effort has been taken to develop this plan to benefit all HCRI member types, certain strategies and processes outlined in this plan pertain only to specific types of healthcare organization or facility. Coalition members are encouraged to examine the existing plans, processes, and strategies of their respective facilities/organizations to ensure appropriate alignment with the HCRI doctrine and to identify areas of potential conflict, which should then be communicated to HCRI leadership for resolution. It should also be noted that this plan is not meant to replace any member's emergency operations plan.

Because of the number and variety of healthcare organizations and partners that HCRI represents, some terms are used interchangeably -- for instance, "healthcare facility" and "healthcare organization."

Structure of this Plan

This plan addresses processes and strategies employed by HCRI during responses. Additional incident- and function-specific processes are contained in attachments. These include:

- HCRI Emergency Contacts
- HCRI Healthcare System Event Work Plan
- HCRI Resource Request Form
- Healthcare and Public Health Sector Interoperable Communications (not attached, see HCRI leadership for information)
- Inter-Hospital Memorandum of Understanding (not attached, see HCRI leadership for information)
- Inter-Health Center Memorandum of Understanding (not attached, see HCRI leadership for information)
- Rhode Island Long-Term Care Mutual Aid Plan (not attached, see HCRI leadership for information)

Specialty surge annexes have been developed to complement the processes outlined in this plan with scenario-specific considerations. Depending on the nature of the incident, any of these annexes may be activated in coordination with this response plan. They include:

- Pediatric Surge Annex
- Infectious Disease Surge Annex
- Burn Surge Annex
- Radiation Emergency Surge Annex

- Chemical Surge Annex

Situation and Assumptions

Healthcare Coalition of Rhode Island Membership

In general, all healthcare organizations in Rhode Island are considered members of HCRI. Because the Rhode Island Department of Health (RIDOH) co-chairs HCRI and has responsibilities, both statutory and issued by the Hospital Preparedness Program Cooperative Agreement, to a broad host of healthcare facilities, any healthcare organization in Rhode Island may be eligible, pending approval from the Coalition's leadership, to participate in the Coalition (see Healthcare Coalition of Rhode Island Preparedness Plan).

Certain healthcare organizations and emergency services, specifically hospitals, emergency medical services (EMS), emergency management agencies, and public health make up the Core Membership, as mandated by the National Hospital Preparedness Program. Additional, non-Core Members include health centers, nursing homes, assisted living communities, blood centers, urgent care centers, end-stage renal disease centers, public safety agencies (police and fire), tribal nations, federal partners, military, etc., which also play important roles in the healthcare system during disasters.

Contact information for all HCRI members is maintained by HCRI leadership. This information is available upon request and is disseminated to Core Members on a regular basis.

Situation

Intended as an all-hazards plan, the Healthcare Coalition of Rhode Island Response Plan can be activated by HCRI leadership in response to a wide variety of incidents that threaten or impact the ability of Coalition members to sustain their respective operations.

Historically, Rhode Island has been subject to a variety of disasters, from hurricanes and powerful winter storms to mass casualty and fatality events. On an annual basis, Coalition members convene to review threats and their associated impacts to determine planning and mitigation priorities. In its 2024 analysis, the data roll-up from Coalition members determined the following to be the most prominent threats and hazards to their respective organizations, and, therefore, may require the support of HCRI for information sharing and resource coordination:

1. Inclement Weather
2. Pandemic
3. Infectious Disease Outbreak
4. Seasonal Influenza
5. Epidemic
6. Hurricane
7. IT System Outage
8. Communication/Telephony Failure
9. Power Outage
10. Fire, Internal

Assumptions

The following assumptions have been made to support the development and operationalization of the Healthcare Coalition of Rhode Island Response Plan:

- All disasters are local, and therefore strong relationships between healthcare organization members of HCRI and community partners, such as municipal fire and emergency medical services and emergency management, are vital. The composition and structure of HCRI further supports these relationships through the inclusion of emergency management and emergency medical services as Core Members.
- While certain processes from this plan may be employed, this plan typically will not be activated in response to an incident affecting a single facility or organization, unless there is a strong potential for cascading effects that may impact other Coalition members (e.g., a facility that provides unique services to the State, without which other members will have to significantly alter routine operations). Individual components of the plan, including processes for maintaining situational awareness or to facilitate a resource request, may be used without full activation of the plan.
- This plan may be activated in response to planned large-scale events to help coordinate information sharing among members of the Coalition.
- Within the State of Rhode Island Mass Casualty Incident Plan, a mass casualty incident (MCI) is defined as "*Any incident which generates more patients at one time than locally available resources can manage using routine procedures. It requires exceptional emergency arrangements and additional or extraordinary assistance*", and not all MCIs require a full healthcare coordination response.
- Individual members of HCRI maintain emergency plans that outline their roles and responsibilities for ensuring the continued operation of their respective organizations during disasters.
- Individual members of HCRI agree to share information requested by the HCRI leadership before, during, and after disasters to support preparedness, response, and recovery actions.
- Individual members have access to a several information-sharing platforms based on their respective roles in the Coalition, including ImageTrend Resource Bridge, the Rhode Island Health Notification System (Everbridge), Basecamp, ProtectAdvisr, WebEOC, and, as applicable, 800 MHz radio, the Hospital Emergency Administrative Radio (HEAR), and satellite communications[1].
- On-site support from HCRI leadership may be available in limited cases, depending on the nature and scope of the incident.
- Depending on the scale of the incident, HCRI leadership will coordinate the Coalition's response from a centralized location, including either RIDOH's Department Operations Center (DOC) or the Rhode Island State Emergency Operations Center (SEOC). If neither site is activated and the situation warrants coordination by HCRI leadership, then HCRI will respond virtually.
- If activated to support the response to an incident, Emergency Support Function 8 (ESF-8) of the SEOC, which is led by RIDOH, will coordinate directly with Coalition leadership to support the needs of the Coalition members.
- Information sharing and resource request processes used during steady-state conditions will be facilitated by the same HCRI leadership personnel and through the same voice

[1] Access to these communications systems is granted by HCRI leadership and/or the Rhode Island Department of Health. Some systems' usage and access are determined by the Rhode Island Interoperable Communications Committee (ICC). Additional information regarding the use of these systems can be found in the Rhode Island Department of Health's *Healthcare and Public Health Sector Interoperable Communications Plan*.

and data systems during response operations. When RIDOH's DOC or ESF-8 is activated, additional staff from within RIDOH may be reassigned to support an expanded response. The frequency of reporting may increase, and the scope of data elements collected may expand during response operations.

Administrative Support

This plan will be reviewed on an annual basis and following any real-world or exercise-related activation. Revisions will be coordinated by HCRI leadership. Input will be requested from select Coalition members and external partners, as appropriate. Following major revisions, approval will be sought from representatives of the Coalition's Core Members (public health, hospitals, emergency management, and emergency medical services).

Effort will be taken to ensure alignment of this plan with other relevant plans, including the Emergency Support Function 8 Annex of Rhode Island's Comprehensive Emergency Management Plan.

Concept of Operations

This section includes information on the roles and responsibilities of HCRI members, the Coalition's structure of coordination during emergency responses, including those resulting in medical surge (such as a mass casualty incident), activation and notification procedures, and the processes HCRI can employ to support members during emergencies.

Member Roles and Responsibilities

Roles and responsibilities in the Coalition depend on each member's level of involvement, membership, and function (e.g., healthcare facility vs. first response agency). Roles and responsibilities are also subject to the conditions and impacts of the incident at hand.

All members are encouraged to notify HCRI leadership when it is determined that an incident has the potential to affect normal operations.

HCRI Leadership

- Activate and follow the Healthcare Coalition of Rhode Island Response Plan and/or any applicable incident-specific plans, specialty surge annexes, or procedures
- Facilitate, in cooperation with RIDOH, resource request and sharing processes of the Inter-Hospital MOU, Inter-Health Center MOU, and the Long-Term Care Mutual Aid Plan (LTC-MAP) MOU, as well as any other applicable MOUs adopted by the Coalition
- Support situational awareness throughout the Coalition

Hospitals

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans, specialty surge annexes, or procedures
- Respond to information requests from HCRI leadership
- Notify RIDOH's Center for Emergency Preparedness and Response of issues affecting the ability to care for patients
- Adhere to licensing requirements and regulations

- Participate in resource sharing via the Inter-Hospital MOU

Public Health

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans, specialty surge annexes, or procedures
- Serve as the lead for ESF-8
    - Coordinate with other ESFs through the SEOC in support of HCRI
- Support HCRI members with clinical and public health guidance, including from the Rhode Island State Health Laboratories, the Office of the State Medical Examiners, etc.
- Respond to information requests from HCRI leadership
- Facilitate, in cooperation with HCRI leadership, resource request and sharing processes of the Inter-Hospital MOU, Inter-Health Center MOU, and the LTC-MAP MOU, as well as any other applicable MOUs adopted by the Coalition
- Leverage expertise from RIDOH's Center for Health Facilities Regulation in support of licensed healthcare facilities during disasters, including waivers to increase bed capacities
- Issue incident-specific guidance to healthcare professionals, facilities, and agencies
- Coordinate support for emergency medical services operating in Rhode Island, including issuance of EMS and/or Healthcare Professional Advisories and emergency regulations
- Coordinate with regional and federal public health partners in large-scale incidents to include information and resource sharing
- Through its Public Information Officer, support a public information campaign throughout the Coalition's and the State's broader response

State and Local Emergency Management Agencies

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- When possible, respond to resource and other support requests from HCRI members
- Support HCRI members with all-hazards planning and response guidance
- Respond to information requests from HCRI leadership
- Support the development and submission of Emergency Management Assistance Compact (EMAC) and other regional resource and personnel requests

Emergency Medical Services

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- Adhere to licensing requirements and regulations, including Rhode Island Statewide Emergency Medical Services Protocols and the Rhode Island Diversion Plan
- Participate in the operational and resource sharing processes according to the Rhode Island Mass Casualty Incident Plan and the Rhode Island Intra/Interstate Mutual Aid Plan
- Provide transportation from multiple patient/mass casualty incidents (including healthcare facility evacuations), managing patient distribution, as necessary
- Use ImageTrend Elite or a system that pushes electronic patient care report information into ImageTrend Elite for each EMS patient transport, including assigning impacted patients to a declared MCI
- Notify RIDOH's Center for Emergency Medical Services of issues affecting the ability to care for patients
- Respond to information requests from HCRI leadership

Health Centers

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- Respond to information requests from HCRI leadership
- Participate in resource sharing via the Inter-Health Center MOU

LTC-MAP Members (Nursing Homes and Assisted Living Communities)

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- Notify RIDOH's Center for Emergency Preparedness and Response of issues affecting the ability to care for residents
- Adhere to licensing requirements and regulations
- Respond to information requests from HCRI leadership
- Participate in resource sharing via the LTC-MAP MOU

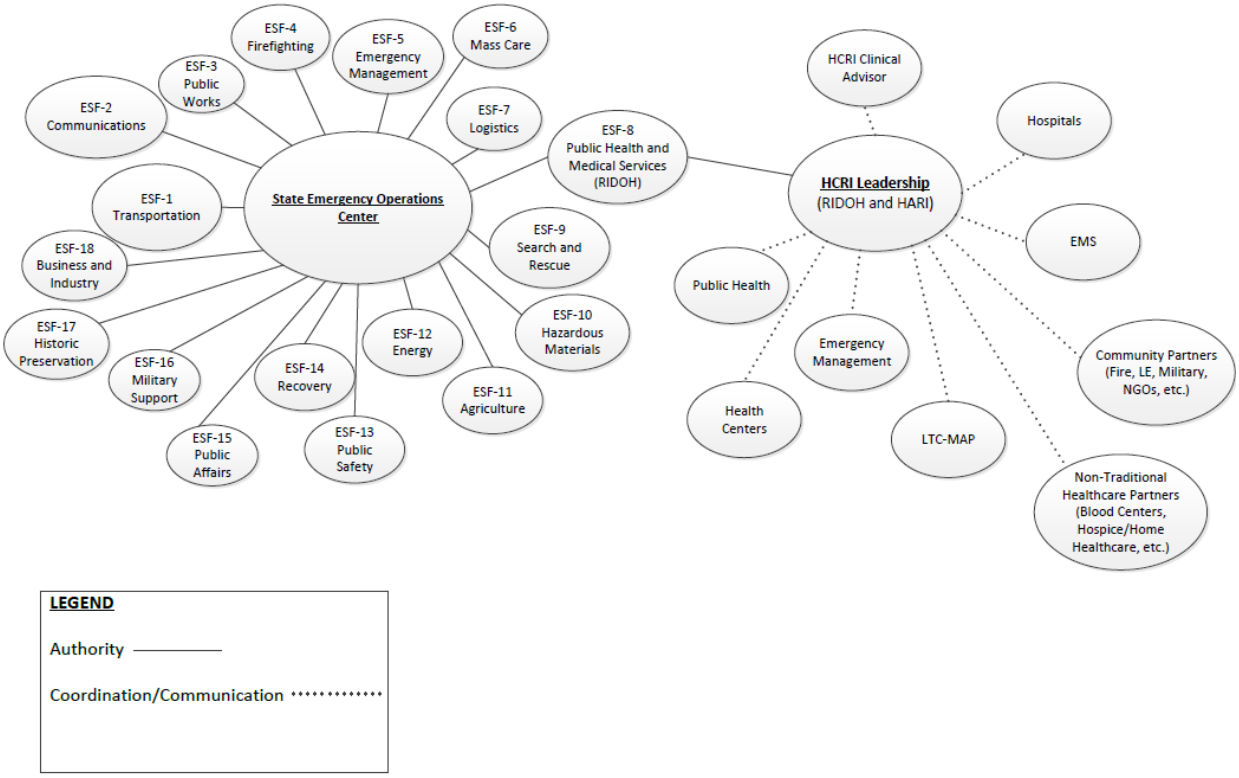
Non-Traditional Healthcare Partners, Community Partners, and All Other Members

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- Respond to information requests from HCRI leadership

Coalition Response Structure

It should be noted that HCRI's response structure differs from a traditional Incident Command System (ICS) model in that it is not intended to create a hierarchical structure to support delegation of activities to subordinates. It instead delineates a flow of information to establish a common operating picture that can support Coalition members in meeting the needs of their respective organizations.

The following diagram illustrates HCRI's organizational structure during responses, with its connection through ESF-8 to the SEOC. *This chart does not preclude the necessary communication between municipal partners (e.g., EMS, EMAs) and healthcare facilities within their jurisdictions, nor does it imply that municipal partners cannot also coordinate directly with other ESFs at the State and/or local level.*



Response Operations

This section outlines processes to support the Coalition's response.

Incident Recognition

An emerging threat or incident may be identified by Coalition leadership through one or more sources, including (though not limited to):

- HCRI member
- RIDOH
- National Weather Service
- Rhode Island Emergency Management Agency
- Local public safety agency
- Local emergency management agency
- Rhode Island State Police Fusion Center
- US DHHS Centers for Disease Control and Prevention or Administration for Strategic Preparedness and Response
- News media
- Social media

Initial actions taken by the Coalition leadership will focus on confirming the validity of the threat or incident, as well as identifying its potential scope of impact.

Activation

Activation of this plan will be determined by the presence of one or more of the following conditions:

- The National Weather Service has issued an event warning/watch for Rhode Island.
  - For snow, when weather forecasts predict a greater than 50% chance of 8 or more inches of snow for a significant portion of the State.
  - For a tropical depression/tropical storm/hurricane, when the National Weather Service indicates the storm has passed north of the Bahamas (25° N) or when the storm's impact in Rhode Island is 48-72 hours out.
- The Rhode Island Emergency Management Agency (RIEMA) activates the SEOC with ESFs, including ESF-8.
- RIDOH believes there is a high probability of a major incident with significant public health and/or medical impacts, which could result in a medical surge.
- An MCI occurs that warrants heightened coordination within the healthcare system.
- At the request of HCRI members to HCRI leadership.

Notification

Official notification will be issued to HCRI members by Coalition leadership through the Rhode Island Health Notification System. This notification will include:

- Nature and scope of the incident
- This plan's activation status, including activation of any accompanying specialty surge annexes
- Initial actions that should be taken or considered
- A battle rhythm or schedule of activities (including the Healthcare System Event Work Plan, if applicable), specifying time and method of next update (bulletin, conference call, etc.)

If time and circumstances allow, this notification will come in the format of an HCRI Activation Order. In the event a threat or incident does not warrant activation of this plan, but nonetheless requires notification of HCRI members, HCRI leadership will issue an alert with relevant situational information.

Coalition Operations

Specific response activities may be necessary based on the nature and scope of the incident, but several fundamental HCRI processes remain valid across most, if not all, incident types.

It should be noted that this section outlines the processes that the Coalition employs but does not necessarily specify the order or timing of their execution, which will largely be determined by the nature, scope, and timing of the incident or threat. However, in situations where there is ample warning of an impending incident, such as a hurricane or winter storm, the execution of the processes outlined below will be guided by the HCRI Healthcare System Event Work Plan (see Attachment R1).

For information on the Coalition's continuity of operations during disasters that impair its normal functioning, see the HCRI Continuity of Operations Plan (COOP).

Initial Actions

At, or prior to, the onset of an incident, HCRI leadership will activate the systems used by the Coalition to collect and share information. Depending on the incident and the member types with the potential to be impacted, one or multiple systems may be initially activated.

Emergency Management Status Reporting is conducted through ProtectAdvisr.

- At the beginning of an incident, hospitals and health centers typically receive requests to complete Global-Area-Patient Care-Systems (GAPS) Assessments or facility-specific assessment forms, which capture baseline data on patient census, supply levels, personnel availability, structural integrity, generator status, etc.
- The Emergency Reporting System through ProtectAdvisr mirrors many of the reporting elements found within GAPS assessments, while providing hospitals, nursing homes, and assisted living communities a central location within which their data may be collected and shared with HCRI leadership and other members of the healthcare community. The Emergency Reporting System also captures bed availability at each facility, which can be used to support decision-making when relocating residents from an evacuated facility. Furthermore, ProtectAdvisr allows facilities to specify the resources they would be able to share with other facilities in need.

Hospital (ED and inpatient) bed availability occurs through ImageTrend Resource Bridge.

- Event-specific roll calls may be activated in the preliminary stages of a response to determine bed or other resource availability among hospitals

Basecamp projects allow other members of the Coalition – health centers and non-traditional healthcare partners – to upload reports and resource requests to Coalition leadership

- HCRI Leadership are then able to analyze and produce situational overviews and facilitate resource sharing within and outside the Coalition

Depending on the nature of the incident, HCRI leadership may coordinate with RIDOH to issue incident-specific clinical guidance to healthcare professionals, including EMS and physicians. This could accompany the activation of one or more of the HCRI Response Plan's specialty surge annexes to guide incident-specific response considerations.

Interaction with the Emergency Scene

Depending on the nature of the incident, HCRI may work through RIDOH to engage first responders at the scene of an emergency, such as a mass casualty incident. This early engagement established key pathways for situational awareness, and bridges first responders to the capabilities of the Coalition to support their efforts. This could include, for example, EMS responders on scene coordinating with RIDOH's CEPR to identify available hospital destinations for patients from the scene.

Similarly, this early engagement can help identify additional incident-specific actions HCRI members, particularly first receivers (i.e., hospitals), should take; this could include, for instance, fire department personnel on the scene notifying RIDOH's CEPR of hazardous materials concerns, which CEPR would then relay to HCRI's leadership, so that hospitals can be alerted to the potential need for decontamination capabilities.

As responses at emergency scenes continue, HCRI will work to maintain situational awareness of relevant activities through RIDOH's CEPR.

On-Site Support

Depending on the scope of the incident's impacts – especially if the incident is isolated to a single healthcare facility – HCRI leadership may, conditions permitting and if requested by the facility to do so, deploy to provide on-site support. If the scope of the incident's impacts is more far-reaching, then such on-site support from HCRI leadership is less likely, as the needs of several facilities must be considered and addressed appropriately.

On-site support may include the deployment of an HCRI Liaison to a facility's command center. The HCRI Liaison will be present to establish lines of communication between the facility and RIDOH/HCRI, other municipal and State agencies, and other healthcare facilities. The Liaison can help facilitate resource support to the facility in order to sustain or re-establish normal operations, or, in the event of an evacuation, can provide direct guidance to the facility throughout the process and aid in the identification of appropriate patient/resident destinations and their subsequent placement.

Again, on-site support at a healthcare facility from HCRI leadership will be limited in its availability and must be requested by the impacted facility.

Ongoing Coalition Actions

Throughout the incident response, HCRI leadership will work to maintain a common operating picture for its members. This will be accomplished through regular information requests made by leadership to members and, in turn, the development and issuance of regular situational updates from leadership to members.

GAPS Assessments, ProtectAdvisr emergency reporting, and other facility-specific assessments may be initiated and updated over the course of the incident, especially if the incident's impacts grow more severe or if facilities become increasingly affected.

Throughout the incident, HCRI leadership will work to coordinate resources and other forms of support among HCRI members. HCRI leadership can also provide assistance in liaising between healthcare facility executives/leadership and RIDOH or other State and municipal agencies, as appropriate.

Information Sharing

Information sharing is a cornerstone of HCRI's response strategy. A number of systems are maintained by the Coalition to support effective information flow. To ensure familiarity and reliability, the systems and processes are intended for use on a day-to-day basis as well as during a disaster.

It should be noted that there may be circumstances during an incident that limit the ability of HCRI leadership to share certain incident-related information with members, including information that contains protected health information (PHI) or personally identifiable information (PII), proprietary business information, etc. However, HCRI leadership will always work to ensure that members have the necessary information to support their responses.

Where appropriate, possible, and practical, HCRI will work to coordinate and facilitate information reporting from members within Rhode Island's healthcare system to fulfill incident-related federal reporting requests. This may include leveraging HCRI's existing information sharing systems and processes to capture new types of information (see also Essential Elements of Information, below) and to establish a centralized conduit into which members can report.

HCRI promotes communication and information-sharing objectives and priorities that align with some of the goals established in the National Emergency Communications Plan (NECP) and the Federal Health IT Strategic Plan, and when possible, SAFECOM requirements. This helps HCRI to promote a consistent approach to improving emergency communications. The priorities outlined in the Plan and how they are implemented by HCRI, and its members are:

- NECP - Priority 1: Governance and Leadership: Members of both agencies that co-lead HCRI maintain seats on the State Interoperable Communications Committee (ICC).
- NECP - Priority 3: Training, Exercises, and Evaluation: HCRI oversees a daily radio check with hospitals and a quarterly radio check with other HCRI member agencies on the voice communication systems, daily use of ImageTrend Resource Bridge, and, as needed, for responses on ProtectAdvisr.
- HITP – Goal 4: Health IT users have clear and shared expectations for data sharing: HCRI utilizes a variety of voice and data communications systems to share information vertically and horizontally. Training is provided to HCRI members to ensure they understand the need for, timing, and scope of information sharing.

RIDOH maintains the Healthcare and Public Health Sector Interoperable Communications Plan to ensure reliable, redundant, interoperable voice and data communication between RIDOH, hospitals and healthcare facilities, first responders, and other relevant agencies throughout Rhode Island's healthcare and public health sector. The plan describes using and maintaining interoperable tactical voice and data communication systems, as seen in the systems table below, that connect RIDOH, hospitals, nursing homes, assisted living communities, health centers, public safety dispatch centers, and EMS providers. This plan does not cover the internal business communications systems employed by these partners, except by reference where such systems are also used for tactical emergency response communications (e.g., landline telephone service in the hospital emergency department as used for EMS Medical Control.)

Systems

The table below identifies the communications systems each HCRI member type has access to:

	Hospitals	EMS	EMA	Public Health	Nursing Homes and Assisted Living Communities	Health Centers	Non-Traditional Healthcare Partners
Protect Advisr	X	~[2]		X	X	X	
ImageTrend Elite		X		X			
ImageTrend Resource Bridge	X			X			
Basecamp	X			X		X	X
WebEOC	X		X	X			
Satellite Phone	X		~[3]	X			
800 MHz	X	X	X	X	~[4]	X	~[5]
HEAR	X	~[6]	~[6]	X			~[6]

[2] Municipal dispatch centers have been offered access to ImageTrend Resource Bridge; however, implementation is not universal at the time of this plan's update.
[3] Not all local emergency management agencies maintain satellite phone capability.
[4] RIDOH has provided 800 MHz radios to select nursing homes based on risk profile.
[5] Certain non-traditional healthcare partners, such as law enforcement and fire departments, have access to the 800 MHz system.
[6] EMS agencies and emergency management agencies with access to UHF/VHF radio systems may have access to VMED 28, which corresponds with HEAR.

RIDOH also maintains and operates several public health information-collection and sharing systems, particularly those related morbidity and mortality; HCRI members, such as hospitals, may report information to those systems. Depending on the nature of the emergency, HCRI may seek to leverage information from one or more of these systems to inform its response.

EMS agencies in border towns of neighboring states (i.e., Connecticut, Massachusetts) have, in the past, been provided access to certain HCRI systems – specifically the legacy Hospital Capacity System and Patient Tracking System platforms– when requested. This supports enhanced situational awareness throughout the region and ensures the ability of EMS resources transporting patients from outside Rhode Island into Rhode Island hospitals to provide tracking and accountability. As HCRI has recently adopted new platforms (i.e., ImageTrend Resource Bridge and ProtectAdvisr) to replace the legacy systems, HCRI will work to explore their implementation among key regional partners.

The Rhode Island Special Needs Emergency Registry (RISNER) may be used by police, fire, and other community first responders within Rhode Island to help identify individuals who may be most impacted by a disaster during its planning, response, and recovery phase. As RISNER contains PHI, access to RISNER data is strictly controlled and limited to individuals who are authorized by RIDOH. In certain circumstances, aggregate, de-identified summary data may be leveraged by RIDOH and HCRI to inform response activities.

Essential Elements of Information

To support the development of a common operating picture during an incident's response, HCRI members agree to share information, if/when requested, with HCRI leadership, including (but not limited to):

- Patient/resident census
- Operating status
- Staffing levels
- Service availability
- Bed availability
- Utilities status (e.g., power status, fuel supply)
- Generator status
- Facility structural condition
- Information technology systems status
- Communication systems status
- Resource supply levels
- Vehicle availability
- Injury and illness emergency department and inpatient statistics

Essential elements of information (EEI) requested of members by HCRI leadership will vary based on the incident. Additional information regarding incident-specific EEIs can be found in HCRI Pediatric, Infectious Disease, Burn, Radiation Emergency, and Chemical Surge Annexes, respectively.

As an incident evolves, particularly during long-term responses (such as that for a pandemic, for instance), EEIs may change to better capture relevant and actionable information to support the response and its interested parties.

System Protections

RIDOH and HCRI are committed to upholding rigorous standards for the protection of information systems, tools, and data used in the context of interagency information sharing. The following measures are implemented to mitigate cybersecurity risks and ensure the integrity and confidentiality of shared information:

- Cybersecurity Awareness: Cybersecurity bulletins and advisories issued by the Cybersecurity and Infrastructure Security Agency (CISA) are distributed to HCRI members to enhance awareness of emerging threats and reinforce protective practices.
- Vetted Software Solutions: Third-party software utilized by RIDOH and HCRI is selected from vendors whose products have been reviewed and approved by the State of Rhode Island Enterprise Technology Strategy and Services (ETSS), ensuring compliance with established security protocols.
- Role-based Access Controls: A permission-based access structure is enforced in systems maintained by HCRI, granting users access only to the data necessary to perform their assigned duties. This approach minimizes exposure and reduces the risk of unauthorized access.
- Credential Management: Each user is registered with a unique set of credentials to systems maintained by HCRI, and password resets are mandated to support ongoing account security and to reduce vulnerability to unauthorized access.

Clinical Information Support

Depending on the nature of the emergency, HCRI leadership may engage one of its Clinical Advisors to provide members with clinical guidance to support patient care and medical surge operations. HCRI will work to promptly share that information with members through established channels (e.g., ImageTrend Resource Bridge alerts, Rhode Island Health Notification System messages). HCRI leadership will maintain coordination with the Clinical Advisor, as necessary, as the response evolves to support situational awareness within the Coalition, including facilitating access to the Clinical Advisor by other healthcare professionals at HCRI member facilities.

HCRI members may be able to access additional telemedical support through the Region 1 Regional Disaster Health Response System (RDHRS). Region 1's RDHRS will work to coordinate the clinical and operational subject-matter expertise of key partners from throughout the New England region, facilitating a system by which this expertise can be rapidly shared to support states responding to disaster. In addition to information sharing, RDHRS may also be engaged to support interstate resource sharing and patient movement, if necessary.

The RDHRS has developed a rapidly deployable, easy-to-use, HIPAA-compliant disaster telemedicine platform. Through this system, clinicians can submit specialty consultation requests and remote clinical experts can then provide essential clinical advice to assist in the triage and/or treatment of patients. In the event of its activation and use, RIDOH will work to rapidly ensure the licensing of out-of-state clinicians accessed by HCRI members through this capability, as necessary.

Any communications containing Protected Health Information (PHI) will be conducted in HIPAA-compliant manner, adhering to all appropriate policies, safeguards, and protections.

Public Information

Successful public information campaigns hinge on accurate, consistent, and timely messaging, especially during disasters.

Depending on the nature and scope of the event, HCRI leadership may work with public information personnel of HCRI member organizations to coordinate messaging. This coordination may be conducted through a variety of mechanisms, including conference calls/Teams meetings, Basecamp, in-person discussions, etc. HCRI and its members will strive to coordinate consistent messaging throughout the Coalition, and may defer to certain agencies, such as RIDOH or RIEMA, to address specific topics. Effort will also be taken to ensure the Coalition's messaging aligns with that of a Joint Information Center (JIC), if activated by RIEMA, and that messages important to HCRI members are transmitted to the JIC for consideration in ongoing messaging.

RIDOH has a Public Information Officer (PIO) who serves as the point of contact between RIDOH and the media. RIDOH's PIO maintains a contact list of all hospital PIOs, with whom there is regular engagement related to the day-to-day business of RIDOH and the facilities. The same contacts would be engaged during an emergency.

In response to large-scale disasters or those with considerable public health impact, RIDOH may activate a Health Information Center (HIC) to coordinate message development and dissemination, media monitoring, and other public information activities related to the incident's public health and medical effects. If a HIC is activated, HCRI will work to ensure messaging disseminated through it is accessible to HCRI members, and that the HIC is similarly apprised of the public information activities of members.

RIDOH maintains continuous coverage of traditional media (TV, radio, and print) and several social media platforms (specifically, Nextdoor, LinkedIn, X, Instagram, and Facebook). This coverage includes responding to questions from the general public and addressing misinformation, disinformation, and malinformation. RIDOH's practice is to work with subject-matter experts to correct the misinformation, disinformation, and malinformation and to provide resources for more information. These platforms and practices are also leveraged during exercises and emergencies. Through its media monitors, RIDOH is able to detect trends in information that can inform the development of new materials with cohesive messaging that pre-empts and responds to the misinformation, disinformation, and malinformation.

Management of Medical Surge

The concept of "medical surge" encompasses two specific components of a healthcare facility's or organization's ability to meet patient needs:

- Medical surge capacity, which refers to the ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity. The surge requirements may extend beyond direct patient care to include such tasks as extensive laboratory studies or epidemiological investigations.
- Medical surge capability, which refers to the ability to manage patients requiring unusual or very specialized medical evaluation and care.

The concept of medical surge will be addressed generally in this section. For specific considerations related to specialty surge, refer to one of the following annexes of this plan:

- HCRI Pediatric Surge Annex
- HCRI Infectious Disease Surge Annex

- HCRI Burn Surge Annex
- HCRI Radiation Emergency Surge Annex
- HCRI Chemical Surge Annex

With regard to the management of medical surge, hospitals maintain emergency operations plans that include strategies to mitigate the effects of medical surge within their facilities. Nursing homes and assisted living communities also plan for this potential, especially within the context of the Long-Term Care Mutual Aid Plan. While this is a situation that healthcare facilities regularly consider, there may be times when the impact of medical surge is so great at a facility that its ability to safely provide care for patients or residents is impaired. Issues that arise during medical surges generally stem from shortages in one or more of the following areas: personnel, space, and resources.

HCRI members should also be aware of the cascading effects of medical surge within the healthcare system. For instance, home healthcare agencies may experience an increase in service demand as other healthcare facilities, like hospitals, decompress to absorb an influx of patients. Decisions about medical surge across the healthcare system must, therefore, address the needs and available resources for all healthcare organization types.

Personnel Support

Prior to making a request to HCRI leadership for personnel support, members should first attempt to increase staff levels by calling in additional personnel (including contract and temporary personnel), holding over personnel, utilizing cross-trained personnel, discharging patients and reducing elective procedures, and requesting support from affiliates or parent organizations.

All requests from members for personnel support should be made to HCRI leadership, particularly when seeking personnel support from outside a member's parent organization. HCRI leadership will then coordinate with the requestor and other HCRI members to determine the most appropriate source of personnel, and then proceed to facilitate the deployment of personnel to the requestor, conditions of the incident permitting.

Four main avenues exist for HCRI to support its members in expanding staff:

- Shifting personnel from other facilities by means of the inter-hospital, inter-health center, and LTC-MAP memoranda of understanding;
- Requesting expansion of scope of practice for certain healthcare worker license types from RIDOH to allow licensed healthcare workers to perform activities beyond their typical licensure;
- Accessing the pool of credentialed medical volunteers maintained by RI Responds, which includes the Rhode Island Medical Reserve Corps (RI MRC) and Rhode Island's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP); and
- Requesting personnel through State (Rhode Island National Guard or Rhode Island Air National Guard (non-clinical support only)), interstate (through EMAC or IEMAC), or federal resources (through the National Disaster Medical System (NDMS)) to support the facility (these request processes would be facilitated by ESF-8 through RIEMA and ASPR Region 1).

In order to most effectively and efficiently make use of external sources of support, healthcare facility members are encouraged to develop and maintain internal policies related to the integration of staff from external sources.

Staff and volunteer compensation, liability protections, etc. will be determined by the requesting and supporting parties and are not the responsibility of HCRI leadership.

Increasing Bed and Service Availability

Four main strategies can be employed by the Coalition to support members' ability to increase bed and service availability within healthcare facilities experiencing medical surge: patient redistribution, increasing room occupancy, activation of alternate care sites, and the issuance of waivers/variances from RIDOH's Center for Health Facilities Regulation.

Prior to requesting support from HCRI leadership to redistribute patients, facilities should first attempt to discharge lower-acuity patients in order to free up beds. Discharges should be considered early in incidents involving medical surge, as discharges may be made more challenging by an incident's worsening conditions. Facilities should also activate pre-identified medical surge areas and evaluate options to increase room occupancy.

If redistributing patients among a number of facilities is necessary, HCRI leadership can support this operation by requesting bed availability from all applicable hospitals or healthcare facilities (including nursing homes and assisted living communities), identifying available beds, and facilitating clinical handoff of patients. HCRI leadership may also be able to assist in identifying and requesting patient transports between facilities using healthcare facilities' vehicles, EMS and other paratransit vehicles, and State or municipally owned vehicles.

Another option to maximize space within hospitals is the activation of alternate care sites (sometimes also referred to as "alternate hospital sites"), which can allow the hospital to shift certain functions off site. For instance, during a large-scale disease outbreak, a hospital may activate an alternate care site to perform certain functions that it would prefer to keep separate from the flow of patients who present complaining of infection. The activation of alternate care sites, especially if they are to be activated in off-site locations, must be coordinated through HCRI leadership and RIDOH's Center for Health Facilities Regulation. For more information on alternate care sites, please reference the Infectious Disease Surge Annex.

For healthcare organizations without inpatient populations, strategies to increase bed and service availability may include adjustments to operating hours, which can increase staff capacity by foregoing certain routine functions, should be considered.

In situations where a facility might have the physical space needed to surge, but is prevented from doing so by regulation, HCRI leadership can coordinate with RIDOH's Center for Health Facilities Regulation to request a waiver or variance that will allow the facility to exceed its bed licensure. RIDOH's Director of Health may also expand the scope of practice of certain healthcare professionals to expand the pool of available resources to perform specific types of care.

In incidents involving particularly high levels of medical surge, a combination of these actions may be employed.

Resource Coordination and Support

Through its routine activities, including those before and during disasters, HCRI often solicits information from members regarding resource availability, supply vendors, and service providers. In 2012, RIDOH and HCRI implemented the Rhode Island Long-Term Care Mutual Aid Plan (RI LTC-MAP). While HCRI had previously collected information from members regarding resources and vendors, RI LTC-MAP included a comprehensive overview of all skilled

nursing facilities' and assisted living communities' vendors and service providers for a full range of resource and service types. With the transition to ProtectAdvisr, including the expansion of users to other facility types as users of ProtectAdvisr, healthcare organizations can input this information at any time; in order to keep it up to date, HCRI leadership sends annual reminders to members to update their information, reducing the need to request on-demand information when one facility is impacted. With this information, HCRI leadership is frequently able to assist members in identifying alternate supply routes when certain vendors experience disruptions.

A number of mechanisms maintained by HCRI support resource sharing among HCRI members, as well as with neighboring states, Region 1's Regional Disaster Health Response System, and federal partners, including ASPR (and its Strategic National Stockpile) and the CDC. While HCRI leadership can assist coordinating with local emergency management agencies for certain types of support (e.g., debris removal), local emergency management should be HCRI members' primary contact for non-healthcare or public health-related support.

In general, members should attempt to obtain resources from the marketplace and affiliated agencies. Should that process not be fruitful, HCRI members can submit a request for resources to HCRI leadership using the HCRI Resource Request Form (Attachment R2) or through ProtectAdvisr. HCRI leadership will attempt to locate the resource and determine the most appropriate means of securing the requested resource. A Receipt of Goods Form (Attachment R3) will be completed by the borrowing facility to ensure accountability.

Memoranda of understanding (MOU) have been implemented in the hospital, health center, and long-term care communities for the specific purpose of sharing resources between facilities. These MOUs outline the procedures the requestor should follow, as well as the terms and conditions of loaning and receiving loaned resources including provisions related to financial reimbursement.

With support from RIDOH, RIEMA maintains and operates a State warehouse for emergency response equipment and supplies. This includes a cache of medical equipment and supplies to support the healthcare sector, such as ventilators, patient monitors, hospital beds, personal protective equipment, and other assets. In the event one or more HCRI members require resources from this cache, HCRI will coordinate with RIDOH and RIEMA to secure the resource and arrange its retrieval or delivery. Some of these resources have transitioned to a third-party vendor, Agiliti, for storage, maintenance, deployment, and retrieval. Any HCRI member agency must submit an HCRI Resource Request (Attachment R2) to initiate the process with HCRI leadership, who will determine the appropriateness of the request and its feasibility and facilitate access to the resource with RIEMA or Agiliti.

For resource needs that cannot be met from within the Coalition or the State, HCRI leadership will coordinate through ESF-8 (or RIDOH) to request assistance from ESF-7 (or RIEMA). As the State's emergency management agency, RIEMA maintains a number of contracts that can be used to acquire resources. Additionally, RIEMA can leverage the Emergency Management Assistance Compact (EMAC) and/or the International Emergency Management Assistance Compact (IEMAC), which allow the State of Rhode Island to request resources from neighboring states. If resources from the Strategic National Stockpile are necessary, RIDOH will make the request through ASPR Region 1 following the processes outlined in the Rhode Island Medical Emergency Distribution System (MEDS) Plan.

HCRI will seek to leverage insight into members' available supplies, resources, vendors, and service providers to mitigate limited supply chain disruptions experienced by individual members. In situations involving broader or larger-scale supply chain disruptions, HCRI will coordinate with RIDOH (and ESF-8, if activated) to leverage processes by which resources can be identified and secured from neighboring states or throughout the region. This could also include efforts to centrally coordinate purchasing efforts on behalf of the Coalition, which could play an important strategy in securing scarce, in-demand resources. These efforts will likely involve coordination with Region 1's Regional Disaster Health Response System (RDHRS) to identify available resources and support, as well as federal partners from ASPR and CDC.

Healthcare Coordination Center

Developed based on the Medical Operations Coordination Center model, the Healthcare Coordination Center (HCC) concept was first implemented in Rhode Island during the COVID-19 response. At the time, the HCC was primarily intended to centrally facilitate interfacility movement of patients from hospitals to lower levels of care when they no longer required hospital-level care. Most often, this took the form of discharges from hospitals to skilled nursing facilities.

During COVID-19, the HCC was staffed by leadership from HCRI, as well as personnel from RIDOH, the Rhode Island National Guard, and the Executive Office of Health and Human Services. Depending on the scope and volume of activity undertaken by the HCC, it is likely its activation and operation will require some degree of staffing support to ensure sufficient capacity.

While past experience with the HCC concept has been limited to facilitating transfers from hospitals to long-term care, the HCC concept can be adapted to more broadly support patient redistribution efforts. For additional information on the previously utilized HCC model and its operations, see Attachment R4.

Patient Tracking

Patient tracking in Rhode Island is performed by EMS in Rhode Island's ImageTrend Elite (or a system that pushes electronic patient care report information into ImageTrend Elite) and by hospitals in ImageTrend's Resource Bridge Patient Tracking System (PTS) module. Use of this system is required of EMS for all patient transports, whether they are 9-1-1 responses or an interfacility transfers.

Information captured through this system includes each patient's

- Name
- Gender
- Age
- Triage disposition
- Description of injury/illness
- Transport destination

In situations involving facility evacuations, responders are encouraged to utilize the "MCI" feature of Image Trend Resource Bridge, which will allow the user to group together a number of patients, thereby facilitating the overall process and ensuring a high degree of accountability.

For Patient Movement outside Rhode Island

Depending on the scope of the incident and the types of injuries, it may be necessary to coordinate patient transports out of the State. This will likely be true for many patients requiring

the capabilities of the Radiation Injury Treatment Network (RITN) centers. In order to ensure visibility and accountability over this interstate patient movement, HCRI will coordinate through RIDOH with ASPR, NDMS, the Region 1 RDHRS, and other federal partners to operationalize a coordinated approach to facilitate this movement.

Supporting Healthcare Facility Evacuations

If the effects of an incident prompt evacuation of a healthcare facility in Rhode Island, HCRI will support the safe relocation of its patients or residents to other appropriate facilities, working with the facility and its local EMA and first responders.

Building from lessons learned through the LTC-MAP initiative and past real-world incidents, HCRI can support an evacuating facility in the following ways:

- Identifying available beds by type throughout the State, including in hospitals, nursing homes, and assisted living communities
- Facilitating resource requests for evacuation equipment
- Assisting in the identification and coordination of transportation assets, including both EMS and paratransit vehicles
- Facilitating clinical handoffs of patients/residents from the evacuating facility
- Assisting receiving facilities that may need to surge to absorb evacuees
- Monitoring patient/resident movement from the evacuating facility

It is the responsibility of the evacuating facility to identify transportation requirements for each of its patients or residents; HCRI leadership can provide technical guidance to assist.

In incidents involving a single healthcare facility evacuation, HCRI leadership will respond to the facility to provide on-site support. On-site support from HCRI leadership may not be available in incidents involving multiple healthcare facility evacuations, though remote support will be provided.

Tracking evacuees will be conducted primarily via ImageTrend Elite and Resource Bridge from their point of origin to ultimate destination. In its current iteration, the Mass Casualty Incident module of ImageTrend Resource Bridge can be used to group patients together, which may be of value in ensuring accountability of patients or residents from the evacuating facility. For evacuation of long-term care facilities, processes outlined in the Long-Term Care Mutual Aid Plan will be employed to ensure accountability for residents as they are moved between facilities.

The ProtectAdvisr software system component for the long-term care community is in use within the three Southern New England states of Rhode Island, Massachusetts, and Connecticut. Although each state has its own independent instance of the software, during an emergency that requires cross-border bed placement, the states can grant emergency access to each other's data. HCRI leadership is frequently notified if a facility in a border state needs to evacuate; HCRI utilizes that information to determine whether an activation of the RI LTC-MAP is necessary.

Crisis Standards of Care

The term "crisis standards of care" is defined as the "substantial change in usual healthcare operations and the level of care it is possible to deliver, which is made necessary by a pervasive public health emergency (e.g., a pandemic) or catastrophic disaster (e.g., earthquake, hurricane)". As such, crisis standards of care can involve modifications to workflows and resource utilization, the prioritization of patients most likely to benefit from treatment,

alteration of scopes of practice or workplace assignments, reuse and repurposing of resources, suspension of certain procedures or services, etc. Generally reserved as a last resort during times of extreme resource shortages, it is especially important that the implementation of crisis standards of care is coordinated at the healthcare system-level to avoid regional disparities and inconsistencies. Such disparities and inconsistencies can lead to individuals overwhelming certain facilities while avoiding others, effectively undermining coordinated efforts to preserve resource capacity and capability in the healthcare system.

During the COVID-19 pandemic, the State of Rhode Island adopted a statewide crisis standards of care framework, within which individual healthcare facilities were able to develop their own respective crisis standards of care. This framework ensured that individual facilities conformed to certain baseline requirements, while allowing them the flexibility to develop standards that align with their respective workflows and environments.

Since the COVID-19 pandemic, work has begun to update this statewide framework to a more all-hazards context, allowing for its use beyond infectious disease responses.

Operationalizing Crisis Standards of Care

In the event a healthcare organization is faced with conditions that indicate the need for crisis standards of care to equitably allocate scarce resources, the organization should promptly contact HCRI leadership for support. HCRI leadership will first attempt to identify available resources either within or immediately outside the Coalition that could be acquired to stabilize the healthcare organization's operations.

If such resources are not available, HCRI will coordinate with RIDOH to request the Director of Health's activation of the Rhode Island Crisis Standards of Care Guidelines. These guidelines operate as a framework within which healthcare organizations may develop and implement their own compliant crisis standards of care. The framework established by these guidelines support a consistent implementation of crisis standards of care among healthcare organizations in Rhode Island.

In most cases, activation of the Rhode Island Crisis Standards of Care Guidelines will include the prompt convening of a conference call among the RIDOH's leadership, hospital leadership, and the leadership of other affected organizations to ensure a common operating picture of situational awareness and to discuss further details of the crisis standards' implementation. It may also involve additional coordination between RIDOH, hospital leadership, the leadership of other organizations operating in crisis standards of care, and the Governor's Office.

It should be noted the activation of the Rhode Island Crisis Standards of Care Guidelines does not automatically allow all healthcare organizations in Rhode Island to implement crisis standards of care. Instead, organizations seeking such a change to their operations must first notify RIDOH in alignment with guidance issued at the time of the Guidelines' activation. Organizations implementing crisis standards of care will be required to submit the proposed standards to RIDOH leadership for review prior to their implementation.

For more information on Rhode Island's statewide crisis standards of care framework, see Rhode Island's Crisis Standards of Care Guidelines.

Demobilization

HCRI leadership will work to assist members with their respective response demobilizations. Activities will be situationally dependent. They may include facilitating transfers of loaned equipment back to their places of origin, updating Coalition resource inventories, etc. Many of these processes will be specific to the incident.

For information related to HCRI's activities supporting the recovery of the healthcare system following a large-scale or catastrophic disaster, see the HCRI Recovery Strategy.

Plan Development and Maintenance

Training and Exercises

This plan will be incorporated into HCRI's training and exercise program. Each use of this plan, whether in training, exercises, or real-world events, will be reviewed and hotwashed by HCRI members to identify lessons learned and areas for improvement. Based on the size and complexity of an exercise or real-world event, an After-Action Summary or After-Action Report/Improvement Plan may be developed to record these lessons learned and areas for improvement.

Plan Review and Maintenance

Lessons learned and areas for improvement will be addressed in regular or ad-hoc plan revisions. Major revisions to this plan and its processes will be reviewed by HCRI members prior to formal approval and implementation.

References

The following references were consulted in the development of this plan:

- Department of Health and Human Services' Administration for Strategic Preparedness and Response's 2017-2022 Health Care Preparedness and Response Capabilities (*updated in May 2024 to be the Health Care Preparedness and Response Capabilities for Health Care Coalitions)*
- 2017-2022 HPP and PHEP Cooperative Agreement Funding Opportunity Announcements
- Administration for Strategic Preparedness and Response's Technical Resources, Assistance Center, and Information Exchange's Health Care Coalition Response Plan Template (2018)
- Administration for Strategic Preparedness and Response's 2024-2029 Funding Opportunity Announcement

Attachment R1: Healthcare System Event Workplan

The Healthcare Coalition of Rhode Island (HCRI) Healthcare System Event Work Plan was created and is maintained by the Rhode Island Department of Health (RIDOH) Center for Emergency Preparedness and Response (CEPR) in partnership with the members of HCRI. The role of implementing this plan will be assumed by RIDOH-CEPR, HCRI Leadership, or those serving in Emergency Support Function-8 (ESF-8).

Activation Requirements:

Major events/incidents do not always give 96 hours of warning; therefore, once a major event has been identified and one of these four requirements has been met, an Activation Order will be approved, and the Event Work Plan will be activated:

1. The National Weather Service has issued an event warning/watch for Rhode Island.
    - For snow, when weather forecasts predict a greater than 50% chance of 12 or more inches of snow for a significant portion of the State.
    - For a tropical depression/tropical storm/hurricane, when NWS indicates the storm is NORTH of the Bahamas (25^0N) and WEST of 72^0W, or H-48/72hrs is forecasted.
2. Rhode Island Emergency Management Agency (RIEMA) activates the State Emergency Operations Center with ESFs, including ESF-8.
3. RIDOH believes there is a high probability of a major event.
4. At the request of HCRI Leadership.

***Note**:* In events for which the conditions do not meet the threshold requirements, yet RIDOH-CEPR feels that important, time-sensitive information related to the event should be shared with members of HCRI, RIDOH-CEPR and/or HCRI leadership may issue this information in the form of an Informational Alert Bulletin.

Note: This workplan and its activities may be activated either in full or in part, based on the situation at hand.

96 hours pre-event:

- Facilities/organizations and RIDOH should remind staff about home and family preparedness plans
- RIDOH will consider communication with municipal partners, HCRI members, and local emergency managers
- Facilities/organizations should check fuel supply/ensure backup power (assess generator for operational issues and fuel supply to sustain generator functionality throughout the duration of the event)
- All HCRI members should report operational issues into ProtectAdvisr (https://www.protectadvisr.com)
    a) Hospitals and health centers: if requested, complete the generator load test form and upload it to ProtectAdvisr (https://www.protectadvisr.com) or Basecamp (https://launchpad.37signals.com/basecamp/1067707/signin)

b) Nursing homes and assisted living communities: if requested, log generator updates in ProtectAdvisr (https://www.protectadvisr.com)

- Facilities/organizations should check/order needed supplies (fuel, water, medical, food, etc.)
- Facilities/organizations and RIDOH should assess need for an incident command structure (limited vs. 24/7)
- RIDOH/HCRI/facilities/organizations should review emergency plans as needed (e.g., Emergency Operations/Management Plan EOP/EMP), triage plans, Influx of Residents/Surge Plan, staff surge plans, volunteer management plans, facility COOP/business continuity plans, debris removal plans)

<u>72 hours pre-event:</u>

- HCRI/RIDOH will open a Basecamp project, if not already opened at 96 hours, and upload documents appropriate to the event, such as:
  - *Resource Request Form*
  - *Critical Staff Transport Policy*
  - *GAPS Assessment*
  - *Software Access Request Form*
  - *HICS 207*
  - *Software training documents*
  - *RISCON/800 MHz training document*
  - *Event-specific forms/documents*
- HCRI/RIDOH will assess and send out informational alerts and begin regular situational updates on ImageTrend Resource Bridge, the RI Health Notification System, Basecamp, and/or ProtectAdvisr.
- Facilities/organizations should assess the need to activate their emergency operations centers
- HCRI/RIDOH may request facility assessment reports from healthcare facilities, including:
  a) Hospitals: GAPS Assessment
  b) Health centers: Facility Assessment Form
  c) Nursing homes and assisted living communities: Emergency Reporting System information and LTC-MAP updates, Transportation Evacuation Survey
  d) Any facility/organization not listed above should only contact HCRI Leadership if they are experiencing an issue that can't be resolved with assistance by their municipal first responders or emergency management agency.
- HCRI/RIDOH will test redundant communication systems as appropriate (e.g., 800 MHz RISCON radios). This may occur at 48 hours.

<u>48 hours pre-event:</u>

- HCRI/RIDOH will test redundant communication systems (if not done at 72 hours)
- HCRI/RIDOH or its designee may assess non-functioning communication equipment and, if feasible, repair/loan the facility replacement equipment for the duration of the event
- HCRI/RIDOH or its designee will conduct an all-healthcare facility/organization conference call or Teams/Zoom meeting. This may also occur at 24 hours (depending on the event, this call may be by facility type)

  Conference call agenda: Pre-event conference call

  a) Situation briefing – Situation reports, transportation concerns, Governor's updates, authorized RIDOH variances (waivers), status of Public Health Emergency declaration (if applicable), status of State of Emergency or Pre-Landfall declaration (if applicable), etc.
  b) Resources and asset preparation (State/facility/organization)
  c) Generator issue updates

        - Reminder to top off fuel tanks
        - Ensure communications with generator fuel and service vendors
    d) Reporting requirements for all healthcare facilities
        - All HCRI members with access to an HCRI-provided software system (e.g., ProtectAdvisr, ImageTrend Resource Bridge, or Basecamp) should report issues or needs in Operations & Infrastructure, Staffing & Resources, Transportation, etc.
        - Reminder on regulatory requirements for all facility types
    e) Medical Care Branch of RIDOH ICS/ESF-8 activation status and how to contact RIDOH/ESF-8
    f) Schedule for conference calls or Zoom/Teams meetings
    g) Questions, comments, or concerns
- HCRI/RIDOH will summarize facility assessment reports and online data submissions, and will share with State/federal ESF partners and/or RIEMA/FEMA/HHS, as appropriate
- HCRI/RIDOH will send out an all-HCRI member email with event-related information (if applicable)

24 hours pre-event:

- Facilities/organizations and RIDOH should consider activation of the Incident Command System, if not done at 96/72/48-hour mark
- Facilities/organizations and HCRI/RIDOH will monitor event progression
- HCRI/RIDOH will conduct a HCRI member conference call or Zoom/Teams meeting, if not done at 48 hours or if another call is warranted
- HCRI/RIDOH will send out an all-HCRI member email with event-related information (if applicable)
- HCRI/RIDOH will upload the healthcare-specific Incident Radio Communications Plan and the statewide Incident Radio Communications Plan (ICS Form 205) to ProtectAdvisr and/or Basecamp, if available.
- RIDOH will consider activation of special assistance groups into the Medical Care Branch:
    - BHDDH Emergency Preparedness Coordinator
    - Trade organization emergency preparedness coordinators/partners
- Facilities/organizations should indicate known closures and service restrictions via appropriate software system (ProtectAdvisr/Basecamp) and consider the need to contact the Rhode Island Broadcasters Association (http://www.ribroadcasters.com/) for inclusion on local television and radio station closure and cancellation alerts in coordination with their Communications/Public Information staff.

During the event:

- Facilities will assess for damage or operational issues
    - All operational issues should be reported via ProtectAdvisr and Basecamp as a back-up system, or the Center for Emergency Preparedness and Response number at 401-222-6911.
    - If needed, resource requests can be submitted via phone through ESF-8 at 401-462-7518 and/or CEPR 24/7 on-call system at 401-222-6911 and/or municipal EMA directors/fire chiefs.

    - Should the need arise to evacuate a facility, there will be a brief conference call or Zoom/Teams meeting with each facility type to discuss the situation.
- No radio/communication checks will be conducted during the event to leave communication lines open for the response and emergency requests
    - Should a facility need to contact RIDOH/ESF-8 during the event through a communications mechanism other than phone, please refer to the healthcare-specific ICS Form 205.
- If requested by RIDOH or its designee, hospitals will submit the ED Illnesses and Injuries form in the time period(s) established.

Post-event:

- If requested by HCRI/RIDOH, hospitals will submit the ED Illnesses and Injuries form in the time period(s) established.
- RIDOH/HCRI/ESF-8 will request facility assessment reports or All Clear
- RIDOH/HCRI/ESF-8 will continue to follow up with and support any facilities that still have event-related issues
- Facilities/organizations will assess the need to activate recovery plans and contact RIDOH/HCRI/ESF-8 if assistance is needed
- Demobilization
- Hotwash
- Improvement Plan

Attachment R2: Resource Request Form

RIDOH/HCRI
Resource Request Form

Once completed, send to:
- Dawn Lewis (dawnl@hari.org)
- Rupsha Biswas (rupsha.biswas@health.ri.gov)

Event:			
Request Date/Time:			
Requestor:			
Primary Contact#:			
Healthcare Facility:			
Date/Time Needed:			
Expected Delivery Location:			
Resource Need:	☐ Staff ☐ Subject Matter Expert (SME) ☐ OTHER	☐ Medical equipment/supplies ☐ Radio Equipment ☐ Data Equipment ☐ Software Access	☐ Fuel ☐ Power ☐ Water ☐ IT Connectivity

Request (be specific):

BELOW TO BE COMPLETED BY HEALTH

Request Assigned to:

Action(s) taken (be specific):

Request Completed Date/Time: _____

This is for ESF 8 requests only – All other requests should go through your local EMA Director

Attachment R3: Receipt of Goods

RECEIPT OF GOODS ACKNOWLEDGMENT

This letter is signed as an acknowledgement of receipt of the goods (described below or on the attached list) requested by the Receiving Agency and provided by the Loaning Agency.

The undersigned further acknowledges that the said Goods have been inspected and are free from defects. Therefore, acceptance is hereby confirmed as the undersigned agrees to assume any additional costs if the case may arise. Furthermore, the Receiving Agency agrees to return the goods to the Loaning Agency in clean and functional condition or provide an appropriate replacement.

LOANING AGENCY:

RECEIVING AGENCY:

RESOURCE:

ITEM:

UNIQUE #:

QTY:

EXPECTED DURATION:

SIGNATURES:

LOANING AGENCY REPRESENTATIVE:

RECEIVING AGENCY REPRESENTATIVE:

HCRI LEAD (if available):

In the absence of this form, a handwritten receipt can be generated at the time of the exchange, but this form should be completed with the handwritten receipt attached, as soon as possible.

**The Loaning Agency should maintain the original of this document and provide a copy to the Receiving Agency and email a copy to the HCRI leads at dawnl@hari.org and/or rupsha.biswas@health.ri.gov

Attachment R4: COVID-19 Healthcare Coordination Center CONOPS

The State of Rhode Island will activate a Healthcare Coordination Center (HCC) to address the current healthcare capacity challenges being exacerbated by COVID-19, focusing initially on the activation of hospitals' surge plans in response to the continued increase in COVID-related inpatient volume at hospitals. The primary goal is to maximize bed availability through facilitated patient movement. The need for this HCC is driven by the following assumptions:

- Inability to discharge patients decreases a hospital's ability to admit new patients who are at the beginning of their acute illness
- Boarding patients who do not require hospital-level of care is not in the best interest of the patient, who should be moved to the most appropriate care setting
- Boarding many patients who do not require hospital-level of care can increase the fiscal instability of the hospital
- Placing a COVID-positive patient into an environment that is not optimized for infection control practices can increase exposure risk for staff members and other patients

Patient movement is a complex endeavor under ideal circumstances; COVID-19 presents compounding challenges. The HCC will utilize multiple patient movement strategies, which may include:

- Discharges of patients requiring nursing home-level of care to nursing homes that are operating COVID-positive units
- Discharging (as temporary transfers) patients to temporary quarantine sites
- Transfers of patients from high-capacity hospitals to hospitals with available bed capacity
- EMS diversion from high-capacity hospitals
- Decompression of service-specific patients for specialty hospitals (e.g., OB-GYN, behavioral health)

The long-term care community is the home of individuals who are highest risk for experiencing severe health effects and threat of death due to COVID-19, so nursing home administrators are exercising extreme caution in accepting any patients into their facilities, regardless of whether the patient is a previous resident or a new referral. All hospitals in the State are in competition for the same few open beds for COVID-positive patients. Thus, the HCC will act as a statewide coordinating entity for requesting bed placement at the time of discharge from a hospital for hard-to-place patients.

The HCC is guided by a larger statewide situational awareness profile of the healthcare system. Hospitals and nursing homes will provide daily bed availability and occupancy via the existing technologies of the Hospital Capacity System and MutalAidPlan.org (*updated in 2025 to ImageTrend Resource Bridge and ProtectAdvisr*). Via a to-be-determined system, hospitals will additionally provide daily data on boarding patients and a set of pre-identified essential elements of information to the HCC when requesting facilitation of an inpatient discharge. This preliminary data will be used to identify an appropriate available bed for the patient. Once a bed

is identified, the hospital will be notified to provide the appropriate paperwork, clinician hand-off report, and book the transportation.

Should demand for beds exceed supply in one or more hospitals, a load-balancing approach will be utilized to ensure high-capacity hospitals can open beds for new patients while maintaining availability of capacity for hospital-level care across the State.