**Bluegrass Healthcare Coalition**

**Response Plan**

****

**Adopted**

**May 2019**

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**APPROVAL AND IMPLEMENTATION**

*The Bluegrass Healthcare Coalition Response Plan has been completed with guidance from the Executive Committee and presented to all coalition partners for review and recommendations.*

*The Bluegrass Healthcare Coalition Response Plan is hereby approved for implementation. This document may be amended by the Bluegrass Healthcare Coalition Coordinator on advice with the Executive Committee and/or other pertinent Coalition Partners. Any amendments or changes will be documented on the Record of Review and Plan Maintenance.*

**Signatures of the Executive Committee**

***On file with original in BGHC Office***

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**Record of Reviews and Plan Maintenance**

|  |  |
| --- | --- |
| **DATE** | **Review and Plan Maintenance Description**  |
| **Oct-Dec 2019** | **Annual review completed, updated Appendix A and C (16Dec19).** |
| **Oct-Dec 2021** | **Updated Executive team information** |
| **Jan – Mar 2022 - Dave** | **Removed and reworked Appendix section, removed HPP Asset list****Pulled COOP from appendix and brought into main body of plan.****Removed Jump Start Triage****Added overview of Coalition Annexes****Reworked Regional Pandemic Response wording.****Changed all references from BGHCC to BGHC** |
| **Jan – Mar 2022 - Dave** | **Removed RPC – Kim Yazell, added LTC Rep Lauren Sword to Appendix A****Removed reference to Burn Surge Annex DRAFT – plan now approved** |
| **Nov - 2022 - Dave** | **Updated Local Health Dept representative on Executive Committee** |
| **Sept – 2023 – Dave** | **Updated Appendices 5.1 – added JT, added Radiation Response Plan overview in 4.4** |
| **Oct – 2024 - Dave** | **Added CBRNE content 4.5, updated email for Rebecca H and Vicki’s cell, removed CSEEP content, added radiation annex content 3.3.5, added Montg Co 1.3.1, updated Bariatric EMS contacts** |
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6. **Introduction**
	1. **Mission Statement**

The mission of the Bluegrass Healthcare Coalition (BGHC) is to promote the development of cooperative partnerships in order to enhance disaster preparedness, response and recovery of the region’s healthcare and emergency response systems. This mission will be accomplished through a preparedness strategy using education, training, public outreach, response, recovery activities and the sharing of assets, information and expertise.

The Bluegrass Healthcare Coalition is also a stand-alone 501c3 designated non-profit operating under the registered name *Bluegrass Healthcare Coalition Inc*.

* 1. **Purpose of Plan**

The purpose of this plan is to provide general guidance, common standards and terminology for the preparation, response and recovery to regional all hazards emergency operations.

* 1. **Scope**

This plan applies to all BGHC member organizations when an event or emergency incident occurs that is beyond the individual organization’s ability to manage a proper response. The intent of this plan is to complement and support the existing emergency operation plans (EOPs) of state and regional partners.

* + 1. **Counties within the BGHC region:**

|  |  |  |  |
| --- | --- | --- | --- |
| Anderson | Bourbon | Boyle | Clark |
| Estill | Fayette | Franklin | Garrard |
| Harrison | Jessamine | Lincoln | Madison |
| Mercer | Montgomery | Nicholas | Powell |
| Scott | Woodford |  |  |

* + 1. **BGHC member organizations include but are not limited to the following:**
			- Medical Centers and Hospitals
			- Emergency Medical Services (EMS)
			- Emergency Management Agencies (EMA)
			- Local Health Departments (LHD)
			- Long Term Care Facilities (LTC)
			- Outpatient Services Facilities
			- Fire / Rescue Agencies
			- Amateur Radio Operators
			- Federal, State and Local Governmental Agencies
			- Non-Governmental Agencies (NGO)
			- Volunteer Organizations
			- Professional Organizations
			- Agencies that support any Emergency Support Function (ESF)
		2. This plan is based on certain assumptions in reference to the existence of specific resources and capabilities that are subject to change, flexibility is therefore built into this plan. Some variations in the implementation of the concepts identified in this plan may be necessary depending on the situation.
		3. This plan does not supersede and/or conflict with applicable laws and statutes.
		4. This plan supports but does not replace the plans of individual BGHC partner agencies or facilities.
	1. **Situations**
		+ - A disaster is “an occurrence disrupting the normal conditions of existence and causing a level of suffering that exceeds the capacity of adjustment of the affected community” (WHO 2002). Disasters or emergencies include natural, technological and human caused events, as a result, hospitals and agencies have adopted an “All Hazards” approach to emergency response.
			- A member organization may be affected by an internal or external emergency incident. This incident may cause illness, injury, loss of life, damaged facilities and/or disruption of normal operations. This incident may cause a surge to other facilities/services or the need for a facility to evacuate.
			- The region or a community may be affected by a disaster or emergency incident. This incident may cause illness, injury, loss of life, damage to infrastructure and disruption of emergency services.
			- When a disaster or emergency incident strikes a community, it sometimes disproportionately affects people of various cultural backgrounds, functional needs and/or disabilities. Member organization should address this in their preparedness and response plans.
	2. **Assumptions**
		+ - Impacted facilities or jurisdictions have activated their emergency operations plan and staffing of their department or emergency operations center.
			- Local resources will be utilized first; however, a disaster or emergency incident may burden and/or overwhelm the health and medical infrastructure. This increase in demand may require a regional, state or federal response.
			- BGHC partners will communicate their general Emergency Support Function #8 (ESF-8) needs to the appropriate jurisdictional Emergency Management Agency – Emergency Operations Center (EOC).
			- BGHC partners will communicate their needs for coalition resources through the BGHC Readiness and Response Coordinator (RRC).
			- Healthcare organizations will take internal steps to increase patient capacity and implement surge plans.
			- Hospitals and healthcare organizations will report status in WebEOC and by other means as necessary to maintain situational awareness among BGHC partners.
			- Hospitals and healthcare agencies will manage the incident as much as possible on their own before asking for assistance but will be pro-active in requesting assistance if needed.
			- The use of National Incident Management System (NIMS) or the Hospital Emergency Incident Command System (HICS), which is compatible with incident command system, will be used to promote integration with all public sector response efforts.
			- All partner agencies should be familiar with the Kentucky Public Health Crisis Standards of Care; Guidance for the Ethical Allocation of Scarce Resources during a Community-Wide Public Health Emergency and other applicable state level plans.
	3. **Administrative Support**
		1. The master copy of this plan will be on file with the BGHC Regional Response Coordinator (RRC). This plan will be available to all BGHC members via electronic access.
		2. The BGHC RRC will review this plan at least annually. Revisions to the plan will be accomplished with advice and guidance from the Executive Committee or under the discretion of the RRC. All changes will be noted in the Record of Review and Plan Maintenance.
		3. All BGHC member partners will be given the opportunity to review and give advice on revisions of this plan. Suggested revisions will be reviewed with the Executive Committee.
		4. The BGHC RRC with advice and guidance from the Executive Committee will review and revise this plan following any exercise or real-world event where gaps are identified.
		5. The BGHC RRC and the Executive Committee may consult subject matter experts, State or Federal agencies and/or other BGHC partners during the review or revision process.
1. **Concept of Operations**
	1. **Introduction**

It is necessary during a crisis event that overwhelms any one or multiple entities that the members of the Bluegrass Healthcare Coalition (BGHC) coordinate their efforts to mitigate the loss of life and property.

* 1. **Role of the Bluegrass Healthcare Coalition in Response to Events or Emergency Incidents**

The BGHC is comprised of multiple agencies, all with the common goal of supporting our region during a disaster or emergency incident. The strength and response ability of the BGHC is almost solely dependent on our member agencies. The BGHC must be flexible and capable of adapting quickly during a disaster or emergency incident. The roles and responsibilities of the BGHC listed is generalized and not all-inclusive. These roles and responsibilities will vary depending on the emergency incident and requests from partner agencies for assistance.

* + - The BGHC RRC and/or designated personnel will be responsible for the coordination and deployment of BGHC assets.
		- Promote common operating picture through shared information.
		- Coordinate available BGHC resources as needed to support mitigation, operations and recovery within our region during an emergency incident.
		- Assist with resource management between partner entities.
		- Assist in coordination of efforts and resources during a multi-regional, statewide or national incident.
		- Assist with linkage of local Emergency Operations Center (EOC) and serve as the intermediary for healthcare and information sharing.
		- Support Chemical Stockpile Emergency Preparedness Program (CSEPP) partner agencies in the event of an evacuation or incident.
		- Support patient tracking during an evacuation or disaster incident.
		- Support hospitals during medical surge, evacuation or emergency situations
		- Support local health departments (LDH) during point of distribution site (POD) and medical countermeasures (MCM) distribution operations.
		- Support long-term care (LTC) facilities during emergency incidents or evacuations.
		- Support home health agencies to coordinate evacuation, medical care or wellness checks to vulnerable patients during an emergency incident.
	1. **Bluegrass Healthcare Coalition Member Roles and Responsibilities in Incidents**

The BGHC has a wide range of agencies and facilities with differing levels of capability. The roles and responsibilities of each member listed is generalized and not all-inclusive. These roles and responsibilities will vary depending on the emergency incident, individual agency, ability and their response plans.

* + 1. **Hospitals**
			- Activate facility emergency plans and EOC as appropriate.
			- Provide triage, medical care, and management of disaster victims.
			- If facility evacuation is necessary, coordinate with local EOC, EMS and healthcare facilities to accept patients.
			- Be proactive in asking for assistance if the need arises.
			- Prepare for possible patient surge and conversion of space for patient care activities. Coordinate with EOC and other healthcare facilities to support emergency operations.
			- Utilize patient tracking in the event of facility evacuation and during patient intake during an emergency incident.
			- Maintain communications and provide updates to the local EOC and other stakeholders using WebEOC or other appropriate methods as needed. Provide facility status and bed availability updates using WebEOC.
			- Provide assistance to the local EOC and response agencies, as appropriate. Provide a hospital representative, as needed, to the local EOC to assist health and medical coordinated response.
			- Conduct infectious disease surveillance in partnership with local health departments during emergency operations.
		2. **Emergency Medical Services (EMS) / Medical Transport Agencies**
			- Activate mass causality incident (MCI) or other emergency plans as appropriate.
			- Provide triage, medical care and transport of patients.
			- Provide local EOC with status of available transport and medical care capability. Coordinate with EOC and partner EMS agencies to request or provide mutual aid during a crisis event.
			- Coordinate with Incident Command for transport destinations to distribute patients properly among available medical facilities.
			- Utilize patient tracking system during mass causality incidents (MCI) or evacuation events.
		3. **Fire / Rescue Agencies**
			- Activate emergency plans, conduct initial evacuation, rescue and firefighting operations as needed.
			- Coordinate continued evacuation, rescue and firefighting efforts with incident command as appropriate.
			- Assist EMS agencies with on scene treatment on patients.
			- Set-up and provide on scene decontamination as appropriate.
			- Provide local EOC with status of available equipment for possible mutual aid to other agencies.
			- For accountability, safety and proper utilization of personnel, volunteer or off-duty personnel should report to the appropriate command post/incident commander for assignments.
		4. **Emergency Management (EM) / Local Emergency Operations Center (EOC)**
			- Activate EOC as appropriate due to disaster or event. Manage emergency operations to mitigate loss of life and property during a disaster or event.
			- Coordinate public service and emergency notifications or announcements.
			- Notify appropriate public officials per local plans.
			- Coordinate with other local EOC’s as needed facilitate emergency operations and requests. Facilitate and coordinate requests for mutual aid from responding agencies.
			- Assist with communications between agencies responding or supporting emergency operations.
			- Facilitate emergency declarations and request broader assistance from regional or state agencies. Assist state with facilitating requests for federal assistance.
			- Coordinate Emergency Support Functions (ESF).
		5. **Public Health Agencies / Local Health Departments (LDH)**
			- Activate appropriate emergency plans as needed.
			- Provide staff to the Emergency Operation Center (EOC) if designated as the lead Emergency Support Function-8 agency. Facilitate and coordinate ESF-8 activates and requests with the EOC.
			- Identify potential health hazards to responders and public during an event, disaster or emergency incident.
			- Facilitate Medical Needs Shelter (MNS) set up and operation.
			- Conduct infectious disease surveillance in partnership with local healthcare facilities.
			- Coordinate with other LHDs, KDPH and CDC as needed during events.
			- Facilitate local deployments of the Strategic National Stockpile (SNS) and distribution of SNS items.
			- Provide Medical Countermeasures (MCM) at Point of Distribution Sites (PODs) as needed.
		6. **Long Term Care (LTC) Facilities**
			- Activate emergency plans and prepare for patient surge.
			- If evacuation is necessary, coordinate with local EOC, EMS, partner LTC facilities and regional medical facilities to accept patients.
			- Utilize patient tracking system when evacuating or receiving patients during an emergency incident.
		7. **Outpatient Services**
			- The role of outpatient services will largely depend on the type and scope of an emergency incident.
			- Outpatient services will have plans in place in the event an evacuation of their facility is necessary.
			- Outpatient services, especially urgent care or immediate care type services may see a surge in patients seeking treatment during an emergency incident.
			- Dialysis providers could expect a possible surge in patients from other dialysis providers during an emergency incident.
		8. **Volunteer / Non-Governmental (NGO) Response Agencies**

**Red Cross, Southern Baptist Disaster Relief, Medical Reserve Corp and Others**

* + - * Conduct and support ESF-6 activities to include mass feeding and emergency assistance operations.
			* Conduct and support sheltering operations in conjunction with LHD and other governmental agencies.
			* Coordinate response and recovery efforts with local command post and/or EOC’s.
		1. **Home Health Agencies**
			- Home health agencies provide a wide variety of services to potentially vulnerable members of a community.
			- The role of home health agencies will largely depend on the type and scope of an emergency incident. Be prepared to provide a list of vulnerable patients, especially those that are electricity dependent (i.e. ventilator, cardiac device) to EM, EOC or other agencies.
			- Home health will activate emergency plans specific to their agency and will be responsible for the continued care and treatment of their patients to the best of their ability. Home health agencies should be planning with their clients utilizing the “First 72 on You” model for preparedness.
			- Agencies will be proactive in requesting assistance for evacuation or emergency care if the need arises.
		2. **Other (Future Section)**
			- Other member entities (e.g., 17 provider and supplier types as defined by the Centers for Medicare and Medicaid (CMS) Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (CMS Emergency Preparedness Rule)
1. **Response Operations**
	1. **Activation**
		1. **Incident recognition and potential considerations for coalition inclusion during an emergency event.**
			* Mass Casualty Incident that may overwhelm the local resources.
			* Multi-jurisdictional incident or outbreak in the BGHC region, adjoining healthcare coalition (HCC) region and/or statewide.
			* Disease outbreak involving an epidemiologically significant portion of the population either locally, regionally or on a pandemic scale.
			* Incidents that involves the Chemical Stockpile Emergency Preparedness Program (CSEPP) or a chemical / hazardous material release incident that involves an MCI response and/or forces an evacuation that will involve multiple agency resources.
			* Awareness through open source media of a potential large-scale emergency incident.
			* Notification from a coalition partner that they activated their emergency operations plan.
			* The evacuation, partial evacuation or potential evacuation of a BGHC partner hospital, other healthcare in-patient facility or LTC facility.
			* The evacuation, partial evacuation or potential evacuation of a hospital, other in-patient healthcare facility or LTC facility in another HCC region that may require assistance from our BGHC partners.
			* Awareness of an incident they may trigger the need for large resources including the Strategic National Stockpile.
			* Incident that may potentially involve a radiological emergency.
		2. **Levels of Activation**

The coalition should always be in a state of readiness and activation. Response activation is based on many factors and situations and may be upgraded or downgraded as the situation is developed and information is received. BGHC activation and/or requests for resources are outlined in section 3.1.4; Requests and Notifications.

* + - * **Notification of Possible Incident**

ReadyOp message will be sent to primary agency contacts with appropriate information. BGHC partners are placed on a heightened level of awareness but no actual incident has occurred. Individual partners should prepare as they deem necessary based on the situation.

Example 1. Forecasted high probability of severe weather event.

Example 2. Large planned events where heightened preparedness is warranted.

* + - * **BGHC Level 4 Response Activation**

**Pre-Activation Alert Standby – Monitoring Activation**

ReadyOp message will be sent to primary agency contacts, BGHC Executive Committee and other BGHC partners based on information received. Message may include requests or instructions for possible activation of resources. BGHC RRC will monitor situation and make additional notifications as necessary.

BGHC partners should anticipate the need to activate individual emergency response plans. Begin individual preparations and notifications based on their plans and extent of emergency incident. Prepare for deployment of resources or for possible patient surge. Hospitals should update their bed count and facility status in WebEOC.

Example 1. A severe weather event has occurred with reported damage but information on the extent is unknown.

Example 2. A local EOC or EMS has been notified of an MCI or other emergency incident, information is being obtained and situation is unknown.

* + - * **BGHC Level 3 Response Activation**

**Single Resource Response – Limited Activation**

This level of activation involves the request of single asset or assets(s) involving one jurisdiction, agency or facility.

Example 1. Request for the shower trailer to be deployed for an isolated incident such as a shelter set up after an apartment fire with multiple displaced residents.

Example 2. Request from a facility that a Plum Case be deployed for internet support due to a technological failure.

* + - * **BGHC Level 2 Response Activation**

**Multiple Resource Response – Partial Activation**

This level of activation involves a deployment or response by two or more agencies but is limited in scope. Emergency operations and recovery will likely be < 48 hours in duration.

Example 1. A hospital or LTC facility temporary evacuation due to an emergency incident.

Example 2. Limited mass causality incident with requested deployment of resources.

* + - * **BGHC Level 1 Response Activation**

**Regional Multiple Resources Response – Full Activation**

**Mass Causality Incident - Disaster Level Incident– Multi-Regional or State-Wide Incident**

This level of activation involves the requests for multiple assets or involving multiple jurisdictions, agencies or facilities. Emergency operations or recovery will likely be >72 hours in duration.

* + 1. **Communications and Information Sharing**
			- The flow of information in order to maintain situational awareness and a shared reality is paramount during an emergency incident regardless of the size or scope. See 3.1.4 for information in reference to communicating requests and notification.
			- The BGHC and partner agencies will be proactive in sharing information during potential or actual emergency incident.
			- It is paramount that essential elements of information (EEI) outlined in individual response plans be shared with the appropriate agencies.
			- All communications will be conducted utilizing the appropriate NIMS guidelines and the Incident Command System.
			- Consideration should be made for conference calls and webinars when coordinating efforts with multiple partner agencies.
			- BGHC key personnel contact information, see Appendix A
			- The BGHC RRC will primarily utilize the ReadyOp System (Voice, SMS and Email) to contact key members of the coalition, it is therefore imperative that members contact information in ReadyOp be accurate. The BGHC RRC will be informed of any changes to contact information or changes in personnel immediately.
			- WebEOC will be used in accordance state and individual response plans during an emergency incident. The BGHC RRC or designated personnel will monitor WebEOC during all potential or occurring emergency incidents.
			- Individual coalition partners will have redundant communications procedures built into their emergency plans.
		2. **Requests and Notifications**
			- In order to maintain situational awareness, the BGHC RRC will be notified by member agencies of events or emergency incidents that may affect their normal operations. This notification is paramount for quick and efficient response and recovery efforts.
			- The BGHC RRC will notify all potentially affected partner agencies of requests or notifications as soon as possible per section 3.1.2 Levels of Activation.
			- Requests for BGHC resources will be made through the RRC by whatever means are appropriate for the situation (WebEOC, ReadyOp, Phone, E-Mail, etc). If the RRC is unable to be contacted in a reasonable timeframe, please follow the Continuity of Operations Plan (COOP) for alternate contacts (Appendix B)
			- The BGHC RRC will notify the coalition chair as soon as possible for all Level 3 activation requests.
			- For requests or incidents involving a Level 2 or higher activation, all members of the Executive Committee, HPC and RPC’s will be notified. The BGHC RRC or chair at their discretion may notify the Executive Committee of any requests.
			- The KDPH DOC will be notified of any Level 2 or higher activation.
			- If a request is made for a BGHC coalition resource by another agency or facility (BGHC partner or not) directly to a BGHC partner that houses that resource:
1. Begin preparation for deployment if deemed appropriate and refer the requester to the coordinator.
2. If the request is of an emergent situation that involves the potential of life safety, do not delay an appropriate response and contact the coordinator as soon as possible.
	* + - The BGHC RRC or designee will notify the appropriate Emergency Operations Center (EOC) of requests for BGHC resources or equipment within those EOCs jurisdiction.
		1. **Requests from outside the BGHC region**

During a disaster or emergency incident, requests for coordination or deployment of BGHC resources may come from outside the region.

* + - * The BGHC RRC will assist other regional coalitions with contact or coordination with partners in our region. Isolated requests for assistance that do not involve multiple agencies or partners will be addressed on a case-by-case basis.
			* Requests from outside the BGHC region that may involve multiple agencies or complex movement of resources will be referred to Kentucky Emergency Management Duty Officer at (800) 255-2587 or (502) 607-1638 for coordination and to maintain situational awareness at the state level.
			* Requests may come directly from Kentucky Emergency Management and/or Kentucky Department of Public Health Preparedness Division depending on the event or emergency incident. These requests may involve any level of BGHC activation and/or involvement.
		1. **Mobilization**
			- The BGHC RRC may activate this plan in part or whole to include prepositioning or mobilization of resources in order to facilitate timely response and recovery efforts. This may be based on requests from BGHC members, state or federal agencies.
			- The BGHC RRC will coordinate the mobilization and/or prepositioning of coalition resources.
			- The BGHC RRC, upon notification of a potential or actual emergency incident that will affect the region may implement this plan in part or whole to include prepositioning of resources.
			- Upon notification of a potential emergency incident that may involve an MCI, medical facilities should make preparations for patient surge and conversion of space. Hospitals will need to update their facility status and bed count in WebEOC as soon as possible.
			- Specific mobilization actions taken by each BGHC partner will be determined by their individual emergency operations plans.
			- BGHC partners may implement their emergency response in phases, based on the threat and magnitude of the incident.
		2. **Regional Coordination Center**
			- The BGHC RRC will activate a Coordination Center to coordinate healthcare coalition operations in accordance with this plan. The Coordination Center location will be determined by the RRC based on situational awareness and consultation with affected Emergency Management Agencies. The Primary Coordination Center for the BGHC has been designated as the Lexington Department of Emergency Management (DEM) Public Safety Operation Center (PSOC). The HCC will operate under a defined Incident Command System (ICS) as denoted by the incident command structure established by the Incident Commander.
			- The incident command structure and the roll of the BGHC Coordination Center may expand or contract based upon incident complexity, duration, and activation levels. The plan can be activated prior to a declared or proclaimed emergency. In those cases, in which the plan is activated prior to a declaration or proclamation, the gathering of information, assessment of the situation, and notification of healthcare facilities and providers will be emphasized to provide a basis for the full implementation of the plan should an emergency be declared, and surge be required.
			- During an incident that requires BGHC activation, the BGHC Coordination Center may choose to coordinate coalition operations either virtually, from within the BGHC Region or from the State ESF #8 desk located either at the State Health Operations Center or Kentucky Emergency Management Boone Center.
		3. **Pre-planned Event and/or Emergency Incident Operations**
			- Initial BGHC actions will be dependent on the activation level as outlined in section 3.1.2, the event, emergency incident and/or resources required.
			- The BGHC RRC may respond to a work area such as an EOC to conduct incident operations and coordination. This work area will be dependent on the location and/or scope of an event or emergency incident. The coordinator will notify appropriate personnel of this location and any changes to contact information.
			- The BGHC RRC may assemble a support team to assist in coordination of response efforts. This team will be organized utilizing the ICS. This support team does not have to be at the same location as long as effective communications is maintained.
			- The BGHC RRC will coordinate the operational deployment of coalition resources IAW section 3.1.4 of this plan.
			- During emergency incidents, BGHC hospitals should ensure WebEOC is updated with accurate information in reference to their facility status and bed count.
			- Once a coalition resource is deployed for operational use to a requesting partner agency, that agency will be responsible for the proper utilization of that resource. The BGHC RRC will not directly manage a resource after deployment. If the resource requested is not needed, the requesting agency should immediately notify the BGHC RRC so the resource is made available for deployment. If the resource becomes unusable or unserviceable for any reason, the BGHC RRC will be notified immediately.
			- If a single BGHC resource is requested by more than one partner agency, the BGHC RRC will utilize the Kentucky Public Health Crisis Standards of Care; Guidance for the Ethical Allocation of Scarce Resources during a Community-Wide Public Health Emergency (Pending) and/or may consult with the local EOC(s), the BGHC chair and/or other officials to determine the appropriate deployment.
		4. **Patient Tracking**

Tracking patients or clients from an emergency scene or from facility to facility is of utmost importance. BGHC partners will have procedures in place to perform patient or client tracking in an emergency incident. In order to maintain continuity and standardization, all BGHC partner agencies are encouraged to utilize ReadyOp Patient Tracking.

* + 1. **Demobilization and Recovery**

The goal of demobilization and recovery is to transition operations back to a normal state. Dependent on the incident and scope of operations this could take hours to weeks. The BGHC RRC will assist in the coordination of demobilization and recovery efforts as needed.

* + - * Depending on the incident, some BGHC partners may take longer to demobilize or recover than others. Partners may have damaged facilities and/or equipment and may rely on other partners for assistance.
			* Demobilization will be dependent on the situation and ongoing recovery efforts of BGHC partners. Coalition resources that have been deployed but are no longer in use should be returned to service as soon as practical. The BGHC RRC will be notified as soon as possible of items that are in need of repair or servicing. The BGHC RRC and/or Regional Preparedness Coordinators (RPC) will inspect all equipment utilized during a deployment to determine serviceability.
			* BGHC partners that utilized non-durable or consumable coalition resources during operations will notify the BGHC RRC as soon as practical during the recovery phase to facilitate replacement.
			* BGHC partners should coordinate demobilization efforts as to not hinder ongoing operations or recovery efforts. Individual BGHC partners will demobilize in accordance with their response and operational plans.
			* BGHC partners need to consider Critical Incident Stress Management or similar debriefings of personnel as part of their demobilization activities. The Kentucky Community Crisis Response Board (KCCRB) credentials and maintains a statewide network of trained professional volunteer responders and deploys rapid response teams to crisis and disaster sites. The KCCRB will provide confidential crisis intervention services to your agency following emotionally traumatic events at no cost. A 24-hour toll-free access phone number, (888) 522-7228, is maintained to request a response.
			* The BGHC RRC and/or chair will participate in any After Action Review (AAR) where the BGHC was directly involved in response operations. The BGHC RRC and/or chair may conduct an AAR as deemed appropriate, this should be conducted with all BGHC partners involved in the event. The AAR will be conducted utilizing HSEEP guidelines.
	1. **BGHC Leadership Continuity of Operations Plan (COOP)**

Communications and continuity of operations during a disaster is paramount. The purpose of this COOP is to ensure a continuity in BGHC leadership during an emergency incident in order to effectively coordinate the flow of information and deployment of resources. This plan only applies to the BGHC coordinator and Executive Committee; partner agencies should have plans in place for continuity of operations as needed during an emergency incident.

* + 1. The BGHC RRC, chair and representatives of the Executive Committee will ensure their contact information in ReadyOp is correct and updated as necessary.
		2. Order of Executive Succession – BGHC Readiness and Response Coordinator (RRC) Position
			- The order of succession may be changed on a majority vote of the Executive Committee.
			- The following are authorized to act on behalf of the BGHC RRC in succession if the coordinator is unable to be contacted in a reasonable period during an emergency incident or unable to perform duties assigned.
1. KDPH Hospital Preparedness Coordinator (HPC)
2. KDPH Regional Preparedness Coordinator (RPC)
3. As designated by the HPC or HPP Program Manager
	* + - If the BGHC RRC will be unavailable or unable to perform the duties required due to personal emergency, illness or other reasons, the coordinator will inform the BGHC chair and HPC as soon as possible.
			- If the BGHC RRC position is vacant or will be vacant for an extended period, the chair will consult with the Kentucky Healthcare Preparedness Program Manager to assign duties or appoint a temporary coordinator.
		1. Order of Executive Succession – BGHC Chair Position
			+ If the BGHC chair is unable to be contacted in a reasonable period during an emergency incident or unable to perform duties assigned, the following are authorized to act on behalf of the BGHC chair in succession.

1. Executive Committee Hospital Representative

2. Executive Committee EMS Representative

3. Executive Committee EM Representative

4. Executive Committee HD Representative

* + - * If the BGHC chair position is vacant or will be vacant for an extended period, the Executive Committee will meet and appoint an interim chair until the position is filled per BGHC Bylaws.
			* If any of the Executive Committee positions are vacant or the person in that position is unable to perform the duties of the interim chair, the next person in succession will assume the duty.
		1. Executive Committee Positions
			- If any representative of the BGHC Executive Committee will be unable to perform the duties required, they will inform the BGHC chair and/or coordinator as soon as possible.
			- Any vacancies on the BGHC Executive Committee should be filled as soon as possible in accordance with BGHC Bylaws.
	1. **Scenario Specific Considerations**
		1. **Medical Surge Incident Coordination**

BGHC hospitals should have plans in place to increase bed capacity by 20% in the event of a disaster or large mass casualty incident (MCI). During an MCI regardless of the cause, hospitals and healthcare facilities may have multiple patients arrive without notice to the facility. Situational awareness of possible incidents or pre-planning during known large events, i.e. concerts, sporting events, university graduations, etc. is paramount to being prepared for a medical surge. Hospitals must be pro-active in planning for possible surge incidents. Refer to the BGHC Preparedness Plan for information on recommended preparedness activities.

The role of the BGHC during a medical surge incident includes but is not limited to:

* Attempt to give advanced notification to facilities and appropriate partner agencies of a possible or verified emergency incident that may cause a surge. (section 3.1.2)
* Monitor and coordinate flow of communication between partner agencies to maintain accurate situation awareness among facilities.
* Coordinate deployment and use of BGHC material resources such as MCI/medical surge trailers.
* Coordinate with partner agencies for set-up of triage centers, alternate care facilities or medical shelters.
* Coordinate transfer of medical supplies and/or equipment to support medical surge operations.
* Coordinate the movement of human resources to assist partner agencies, example: Trauma Team members may deploy to assist another facility or at on scene triage/care site.
* Coordinate medical transport resources in the region for patient movement and tracking.
* Assist in coordination of patient movement to specialty centers, i.e. Pediatric, Trauma or Burn Centers.
	+ 1. **Pediatric Surge Coordination**

See **BGHC Pediatric Medical Surge Annex** for complete plan information.

An incident involving multiple pediatric patients (trauma or medical) may overwhelm resources and/or bed capacity at one or multiple hospitals in the region. Situational awareness and early notifications are paramount to a coordinated response to any incident that involves multiple pediatric patients.

* The BGHC RRC should be notified immediately of any actual or potential incident that may involve a pediatric surge condition.
* The role of the BGHC in a pediatric surge will be as described in section 3.2.1, Medical Surge Incident Coordination.
* Hospitals must be pro-active in pediatric surge planning, it is important to see pediatric patients as a vulnerable population that requires special planning and response. It is essential for a facility’s surge plan to address pediatric patients as a vulnerable population because children differ from adults physically, psychologically, and psychosocially. Refer to the BGHC Preparedness Plan for information on recommended pediatric surge preparedness activities.
* Pediatric critical care resources in the region could be rapidly overwhelmed, depending on the number of critical patients; it is foreseeable that patients will be transported to medical centers in other regions and to surrounding states.
* In the event of a pediatric surge, all affected hospitals may be required to care for pediatric patients until the system is decompressed. Plans that involve all levels of a healthcare facility, not just the Emergency Department (ED) will contribute to the delivery of this care.
* Hospitals should anticipate unaccompanied pediatric patients arriving at their facilities and should have procedures in place to manage these patients. Patient tracking is of utmost importance.
* If transfer of a pediatric patient is delayed, consider expert consultations via telemedicine or other methods.
* All partner agencies should be familiar with the Kentucky Public Health Crisis Standards of Care; Guidance for the Ethical Allocation of Scarce Resources during a Community-Wide Public Health Emergency and other applicable state level plans (Pending).
	+ 1. **Multiple Burn Patient Incident**

The need to care for multiple burned patients is a rarely encountered but foreseeable consequence of potential hazards facing healthcare organizations in Kentucky and the BGHC. Compounding the problem is the very limited resources for care of the burned patient not only locally, but state and nationwide. These resources can be rapidly overwhelmed in a mass burn scenario within our region. The University of Kentucky staffs a Critical Care Burn Unit with very limited bed capacity and University of Louisville is the closest Burn Center with 5 beds, depending on the number of critical patients; it is foreseeable that patients will be transported to burn centers in surrounding states.

The BGHC may provide support through:

* Situational awareness and early notification to regional medical centers of receiving possible burn patients.
* Notification to burn centers outside of our region to alert them to the situation and possibility of receiving patients.
* Assist in coordinating regional medical transport resources.
* Facilitate dissemination of treatment protocols to non-burn centers that may receive patients.
* Facilitating communication and agreements between facilities currently treating burn patients and burn specialty receiving facilities.

The American Burn Association is an excellent reference for planning and response to burn patient incidents.

* The American Burn Association (ABA) [www.ameriburn.org](http://www.ameriburn.org) Disaster Management and Plan is an excellent reference and guide.

<http://ameriburn.org/wp-content/uploads/2017/08/aba-disaster-plan.pdf>

* **ABA Burn Disaster Regional Emergency Hotline Numbers**
	+ Great Lakes Region (includes OH, IN and MI): (734) 936-2876
	+ Southern Region (includes KY, TN, WV and NC): (800) 359-0123
	+ Midwest Region (includes IL and MO):

Judy Placek (402) 880-1976

Megan Novero (402) 962-6117

Katie Circo (402) 689-8457

**Burn Centers in Kentucky and surrounding states (courtesy ABA):**

Red indicates an ABA Verified Burn Center.

\*University of Louisville is an ABA Verified Burn Center as of 2019.

 

* + 1. **Radiological Emergencies**

All jurisdictions in Kentucky are subject to radiological incidents that may result from a deliberate act or an unintentional release. The most common radiological incidents involve the loss, theft, or mismanagement of relatively small radioactive material sources, or technologically enhanced naturally occurring radioactive material (TENORM), where some exposure of individuals or dispersal into the environment occurs. Generally, greater regulatory control, safeguards, and security accompany larger quantities of radioactive materials, which pose a greater potential threat to human health and the environment. Virtually any facility or industrial practice (including transportation of materials) may be vulnerable to a deliberate act or unintentional act that could release radioactive material.

A radiological dispersal device (RDD) is any device used to spread radioactive material into the environment with malicious intent using conventional explosives. The harm caused by an RDD is principally contamination, and denial of use of the contaminated area, perhaps for many years. A radiological exposure device (RED) is any radiological source placed in a way to cause elevated radiological exposure to a person or to people. An Improvised Nuclear Device (IND) is an illicit nuclear weapon bought, stolen, or otherwise originating from a nuclear state, or a weapon fabricated from illegally obtained fissile nuclear weapons material that produces a nuclear explosion. The costs to the state associated with an effective RDD, RED, or IND could be significant. The potential of a terrorist attack using a nuclear weapon, or an IND is a grave concern to the security of the Commonwealth, as well as the nation as a whole.

* + 1. **Regional Pandemic/Epidemic Response**

The Bluegrass Healthcare Coalition will utilize the following strategies to support the healthcare work force when responding to threats caused by infectious disease.

* Enhance Healthcare workforce to manage a surge in healthcare provider demand and preserve personal protective equipment using the following strategies.
	+ Assess current and future healthcare workforce needs using Coalition AAR improvement plans and threat assessments.
	+ Work to utilize policies and practices to maximize existing workforce and mitigate healthcare personnel staffing shortages.
	+ Work with Kentucky Department for Public Health to provide guidance on implementing PPE preservation strategies for conventional, contingency, and possibly crisis capacity standards.
* Activate the Regional Response Coordination Center (RRCC) to coordinate response strategies across all healthcare facilities when demand exceeds surge capacity.
	+ Provide support requests from hospitals, hospital associations, public health departments and state healthcare coalitions.
	+ Provide technical and subject matter expert support for patient movement, healthcare staffing and resource and supply allocations.
	+ Identify the key stakeholders to provide the healthcare personnel essential data to understand current capacity and gaps in the healthcare system and facilitate load balancing through patient transfers.
* Work with regional response partners and Kentucky Department for Public Health to establish and support alternate care sites to relieve health system stress caused by a patient surge.
1. **Annex Overview**
	1. **Infectious Disease Surge Annex**

The purpose of Infectious Disease Surge Annex is to supplement existing guidance with specific information regarding the management of patients during an Infectious Disease Medical Surge Event (IDMSE). The HCC infectious Disease Surge Annex identifies the roles and responsibilities of regional and local agencies and partnering organizations for providing regional and local-level support to a jurisdiction during the preparedness, response, and recovery phases for an IDMSE.

* + - * The ESF #8 Primary and Support Agencies listed in this plan will also reference the HCC Preparedness and HCC Response Plans, and other relevant plans as listed in the Authorities and References section when preparing for, responding to, and recovering from an IDMSE.
* This plan is a supplement to, not a replacement for, the response actions and resources described in the coalition, facility, or agency Emergency Operations Plan and provides additional details relevant to an incident that involves significant numbers of victims.
* For the purpose of HCC planning and response, a medical surge event (MSE) is defined as:

*“An incident where an unusual event overwhelms local and/or regional healthcare system capacity to triage, stabilize, and/or transfer patients to a treatment facility and assistance will be requested from the HCC”*

* For Ebola Virus Disease (EDV) specific response or planning refer to the Kentucky Ebola Response Plan.

 **(Contact the BGHC Regional Response Coordinator for the**

 **complete Infectious Disease Surge annex)**

* 1. **Burn Surge Annex**

The purpose of this support plan is to supplement existing guidance with specific information regarding the management of patients during a Burn Mass Casualty Incident (BMCI). The HCC BMCI Surge Annex identifies the roles and responsibilities of regional and local agencies and partnering organizations for providing regional and local-level support to a jurisdiction during the preparedness, response, and recovery phases for a mass casualty burn event.

* The ESF #8 Primary and Support Agencies listed in this plan will also reference the HCC Preparedness and HCC Response Plans, and other relevant plans as listed in the Authorities and References section when preparing for, responding to, and recovering from a medical surge event (MSE).
* This plan is a supplement and not a replacement for the response actions and resources described in the coalition, facility, or agency Emergency Operations Plan and provides additional details relevant to an incident that involves significant numbers of victims.
* For the purpose of this plan and for the purpose of HCC planning and response, a medical surge event (MSE) is defined as:

*“An incident where an unusual event overwhelms local and/or regional healthcare system capacity to triage, stabilize, and/or transfer patients to a treatment facility and assistance will be requested from the HCC”*

 **(Contact the BGHC Regional Response Coordinator for the**

 **complete Burn Surge annex)**

* 1. **Pediatric Medical Surge Annex**

The purpose of this support plan is to supplement existing guidance with specific information regarding the management of pediatric patients during a Pediatric Medical Surge Event (PMSE). BGHC Pediatric Medical Surge Annex identifies the roles and responsibilities of regional and local agencies and partnering organizations for providing regional and local-level support to a jurisdiction during the preparedness, response, and recovery phases for a PMSE.

* The ESF #8 Primary and Support Agencies listed in this plan will also reference the BGHC Preparedness and BGHC Response Plans, and other relevant plans as listed in the [Authorities and References](#_AUTHORITIES_AND_REFERENCES_2) section when preparing for, responding to, and recovering from a PMSE
* This plan is a supplement to, not a replacement for, the response actions and resources described in the coalition, facility, or agency Emergency Operations Plan and provides additional details relevant to an incident that involves significant numbers of pediatric victims.
* For the purpose of this plan and for the purpose of HCC planning and response, a pediatric medical surge event (PMSE) is defined as:

*“An incident where an unusual event overwhelms local and/or regional healthcare system capacity to triage, stabilize, and/or transfer pediatric patients to a treatment facility and assistance will be requested from the HCC”*

 **(Contact the BGHC Regional Response Coordinator for the**

 **complete Pediatric Medical Surge annex)**

* 1. **Radiation Response Annex**

The purpose of this support plan is to supplement existing guidance with specific information regarding the management of patients during a radiation emergency incident (REI). The Healthcare Coalition (HCC) radiation emergency surge annex (RESA) identifies the roles and responsibilities of regional and local agencies and partnering organizations for providing regional and local-level support to a jurisdiction during the preparedness, response, and recovery phases for a radiation emergency incident.

* The ESF #8 Primary and Support Agencies listed in this plan will also reference the HCC Preparedness and HCC Response Plans, and other relevant plans as listed in the Authorities and References section when preparing for, responding to, and recovering from a medical surge event (MSE).
* This plan is relevant to any radiological emergency incident (REI) that may affect the Commonwealth. Incidents may arise from multiple sources and include both the unintentional and intentional release of radioactive materials. This plan is a supplement and not a replacement for the response actions and resources described in the coalition, facility, or agency Emergency Operations Plan and provides additional details relevant to an incident that involves significant numbers of victims. For the purpose of this plan and for the purpose of HCC planning and response, a medical surge event (MSE) is defined as:

*“An incident where an unusual event overwhelms local and/or regional healthcare system capacity to triage, stabilize, and/or transfer patients to a treatment facility and assistance will be requested from the HCC”*

 **(Contact the BGHC Regional Response Coordinator for the**

 **complete Pediatric Medical Surge annex)**

* 1. **CBRNE Annex**
* The purpose of this support plan is to supplement existing guidance with specific information regarding the management of patients during a chemical, biological, nuclear, radiological, or explosive emergency incident. The Bluegrass Healthcare Coalition (BGHCC) CBNRE Emergency Surge Annex identifies the roles and responsibilities of regional and local agencies and partnering organizations for providing regional and local-level support to a jurisdiction during the preparedness, response, and recovery phases for a CBNRE emergency incident.
* The ESF #8 Primary and Support Agencies listed in this plan will also reference the BGHCC Preparedness and BGHCC Response Plans, and other relevant plans as listed in the Authorities and References section when preparing for, responding to, and recovering from a medical surge event (MSE).

 **(Contact the BGHC Regional Response Coordinator for the**

 **complete Pediatric Medical Surge annex)**

1. **Appendices**
	1. **Appendix A – BGHC Executive Committee**

**Bluegrass Healthcare Coalition Executive Committee**

**Contact Information**

**Updated 11Nov2021**

**Position Name Agency Phone 1 Phone 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **BGHC Chair** | **Tara Long Baptist Richmond**Tara.Long@bhsi.com | +18592008500 | +18596233131 |
| **BGHC Co-Chair** | **(Proposed / Vacant)** |  |  |
| **BGHC Readiness and Response Coordinator** | **Dave Carney** BGHCDavidN.Carney@ky.gov | +15029059969 | +18594971425 |
| **BGHC Readiness and Response****Coordinator** | **JT Moore** **BGHC**Jordan.Moore@ky.gov | +15022298962 |  |
| **Hospital Representative** | **Kelli Griffin Ephraim McDowell JBH**kngriffin@emhealth.org | +18593251954  | +18597334839 |
| **EMS Representative** | **Freeman Bailey Woodford CO EMS**fbailey@woodfordcountyky.gov | +18596994946 |  |
| **Health Department Representative** | **Gene Thomas** WEDCO District HDwilliame.thomas@ky.gov | +18592298207 |  |
| **Emergency Mgmt Representative** | **Michael Hennigan** Scott Co. EMA m.hennigan@scottema.com | +18593612513 | +15028637848 |
| **Long-Term Care Representative**  | **Lauren Sword** Signature Health – Tanbarkadmin.tanbark@signaturehealthcarellc.com | +18593142868 |  |
| **BGHC Clinical Advisor** | **Darcy Maupin** St. Joseph Bereadarcymaupin@catholichealth.net | +18595827353 | +18599866584 |
| **Hospital Preparedness Program****Manager.**  | **Ken Kik** KDPHKenneth.Kik@ky.gov | +15022348392 |  |
| **Regional Preparedness Coord.** | **Rebecca Lynn** KDPHRebecca.Lynn@ky.gov | +15023528319 | +18595831409 |
| **Regional Preparedness Coord.** | **Vicki Sanderson** KDPHVicki.Sanderson@ky.gov | +15023528263 |  |

* 1. **Appendix B - Medical Transport Resources and Contact Information**

**Bluegrass Healthcare Coalition Medical Transport Resources**

**Ground EMS Transport**

**Service Location Business Dispatch**

|  |
| --- |
| **American Medical Response (AMR)** Fayette Co. / Lexington 859-254-4969 859-275-1113Large Nationwide Service - FEMA Asset Also in Erlanger / Grant Co. / LouisvilleALS = 1 BLS = 4 + Daily mix of apx. 14 ALS/BLS Critical Care Capable Bariatric (1200#) = 1 Total Transport = 34 |
| **Anderson Co. EMS** Anderson Co. / Lawrenceburg 502-839-7378 502-839-5125ALS = 3 Reserve / Not Staffed = 4 Total Transport = 7  |
| **Boyle Co. EMS** Boyle Co. / Danville 859-238-1133 859-238-1220ALS = 3 + 1 8a-4p + Paramedic Supervisor Reserve / Not Staffed = 2 (staffed in 1 hr if needed) Total Transport = 6 |
| **Brown Ambulance - Harrison Co. EMS** Harrison Co. / Cynthiana 859-234-1515 859-234-7100ALS = 3 - 5 Reserve / Not Staffed = 2 Total Transport = 5 |
| **Estill Co. EMS** Estill Co. / Irvine 606-723-2124 606-723-2201ALS = 2 + 1 M-Sat Reserve / Not Staffed = Total Transport = 3 |
| **Frankfort Fire / EMS** Franklin Co. / Frankfort 502-875-8511 502-352-2077ALS = 4 Reserve / Not Staffed = 4 Total Transport = 8 |
| **Garrard Co. Ambulance Service** Garrard Co. / Lancaster 859-792-6288 859-792-3023ALS = 2 Reserve / Not Staffed = 2 Total Transport = 4 |
| **Georgetown - Scott Co. EMS** Scott Co. / Georgetown 502-863-7841 502-863-7840ALS = 5 Reserve / Not Staffed = 4 Total Transport = 9 |
| **Jessamine Co. EMS** Jessamine Co. / Nicholasville 859-887-2987 859-887-5447ALS = 5 + 1 10a-6p Reserve / Not Staffed = 2-3 Total Transport = 8 |
| **Lexington Fire Dept.** Fayette Co. / Lexington 859-231-5644 859-231-5600ALS = 12 + 3 PT Surge Ambulances Reserve / Not Staffed = 5 Total Transport = 20 \*Ambulance Bus |
| **Lincoln Co. EMS, Inc.** Lincoln Co. / Stanford 606-365-2833 606-365-4557ALS = 1 or 2 BLS = 2 or 3 (Total of 4 + Paramedic Supervisor) Reserve / Not Staffed = 4 Total Transport = 8 |
| **Madison Co. EMS** Madison Co. / Richmond 859-623-5121 859-625-0250ALS = 8 Reserve / Not Staffed = 5 Total Transport = 13 |
| **Mercer Co. EMS, Inc.** Mercer Co. / Harrodsburg 859-734-4486 859-734-3311ALS = 1 BLS = 1 Reserve / Not Staffed = 2 Total Transport = 4 |
| **Nicholas Co. EMS** Nicholas Co. / Carlisle 859-289-4291 859-289-3773ALS = 2 (Occasional 1 ALS & 1 BLS) Reserve / Not Staffed = 2 Total Transport = 4 |
| **Paris-Bourbon Co. EMS** Bourbon Co. / Paris 859-987-2120 859-987-2100ALS = 2-3 Reserve / Not Staffed = 1-2 Total Transport = 4 |
| **Powell Co. EMS** Powell Co. / Stanton 606-663-0376 606-663-4116ALS = 2 BLS = 1 Reserve / Not Staffed = 0 (at this time) Total Transport = 3 |
| **Winchester Fire - EMS** Clark Co. / Winchester 859-744-1587 859-745-5751ALS = 3 + 1 or 2 part-time ALS Reserve / Not Staffed = 4 Total Transport = 7  |
| **Woodford Co. EMS** Woodford Co. / Versailles 859-873-8161 859-873-3126ALS = 2 + 1 PT M-F (8hrs) Reserve/Not Staffed = 2 Total Transport = 5 + 2 Command Staff Vehicles equip with ALS |

**ALS** = Advanced Life Support (Paramedic) Ambulance **BLS** = Basic Life Support (EMT) Ambulance

**Ground Transport - Specialized - Licensed in Kentucky**

**Service Location Business Dispatch**

|  |  |  |  |
| --- | --- | --- | --- |
| **UK / Kentucky Children's Hospital** Neonate/Pediatric ICU | UK / Lexington | 859-323-6215 | 859-323-6215 |
| **Norton Children's / Just for Kids Transport** Neonate/Pediatric ICU | Louisville | 502-629-7557 | 888-729-9111 |
| **Cincinnati Children's Hospital** Neonate/Pediatric ICU | Cincinnati | 513-636-8355 | 513-636-7525 |
| **Monroe Carell Children's & Vanderbilt LF** Neonate/Pediatric ICU & Adult Critical Care | VUMC / Nashville | 615-322-6456 | 800-288-8111 |

**Ground Transport - Bariatric - Licensed in Kentucky**

|  |  |  |  |
| --- | --- | --- | --- |
| **Franklin Co EMS**Stryker Power load in 2 ambulances | Frankfort | 502-875-8511 | 502-875-8550 |
| **Mercer Co EMS**Bariatric ramps and winch | Harrodsburg | 859-734-3311 | 859-734-4486 |
| **Fayette Co / Lexington EMS**Bariatric stretchers, ramps and winch | Lexington | 859-231-5644 | 859-280-8168 |

**Air Medical Transport - Critical Care - Licensed in Kentucky**

**Service Location Business Dispatch**

|  |  |  |  |
| --- | --- | --- | --- |
| **Air Evac Lifeteam** | KY / TN / USA | 270-881-9527 | 800-247-3822 |
| RW | Multiple Bases |  |  |
| **Air Methods** | KY / USA | 812-528-9185 | 800-678-9811 |
| RW | Multiple Bases |  |  |
| **Healthnet Aeromedical**RW - 10 Bases - Base 7 - Martin, KY | WV / KY / OH | 304-340-8000 | 800-747-2244 |
| **UT Lifestar**RW - 5 Bases around Knoxville area | TN / Knoxville | 865-305-9112 | 800-854-1033 |
| **Wings Air Rescue** | TN / KY / VA | 606-832-1370 | 800-946-4701 |
| 4 Bases - East | Wings 3 - Jenkins, KY |  |  |
| **PHI Air Medical** | KY / USA | 859-278-1062 | 888-807-0682 |
| RW | 4 Bases - East |  |  |
| **University Air Care**RW | OH / Cincinnati  | 513-585-5002 | 800-826-8100 |
| **Vanderbilt LifeFlight**RW / FW - 9 Bases (8 RW & 1 FW) | TN / Nashville | 615-936-0770 | 800-288-8111 |

RW = Rotor Wing (Helicopter) FW = Fixed Wing (Airplane)

**Region 15 ground transport ambulances in service and staffed 24 hours / day (not including specialized transport)**

|  |  |
| --- | --- |
| Approximate Total 24/7 Advanced Life Support (ALS): | **61** |
| Approximate Total Part-Time Advanced Life Support (ALS): | **13** |
| Approximate Total 24/7 Basic Life Support (BLS): | **8** |
| Approximate Total Part-Time Basic Life Support (BLS): | **14** |
| Approximate not staffed but potentially available or staffed PRN/PT: | **60** |
| Approximate grand total of ambulances potentially available for transport: | **156** |

* 1. **Appendix C – Continuity of Operations Plan**

### Bluegrass Healthcare Coalition Continuity of Operations Plan Overview

### This Continuity of Operations Plan (COOP) and Guidance provides a mechanism to assist with implementation of coordinated COOP strategies that initiate activation, relocation, and continuity of operations for the Bluegrass Healthcare Coalition (BGHC). This plan is written as an annex to the BGHC Response Plan that assists the Coalition and members in an All-Hazards approach to address the full spectrum of threats from natural, manmade, and technological sources including national security emergencies. This BGHC Continuity of Operations Annex to the Response Plan provides an overall continuity plan structure for the Coalition in its role to support and provide information dissemination during a response effort.

### Each year the BGHC reviews and updates the Hazard Vulnerability Assessment for the coalition coverage area. Pre-identified hazards can be found in the BGHC HVA assessment document provided to all members. In addition, all member agencies understand the importance of planning for continuity of services and continuing to maintain essential service functions when the agency property, personnel, technologies, and supply chains are impacted in disaster events. Each healthcare agency has determined Delegations of Authority in the event of disasters, as well as identified methods to continue services at alternate care sites should the need arise.

### In addition, continuity of communications is essential for both internal response and among key leadership with regional, state, and federal response and recovery partners. The following capabilities are essential:

### Agencies/Organizations possess, operate, and maintain, or have dedicated access to communication capabilities at their primary facilities, off-sites and pre-identified alternate care sites.

### Agency/Organization leadership and members possess mobile, in-transit communications capabilities to ensure continuation of incident specific communications between leadership and partner emergency response points of contact.

### Agencies/Organizations have signed agreements with other pre-identified alternate care sites to ensure they have adequate access to communication resources.

### Agencies/Organizations possess interoperable redundant communications that are maintained and operational as soon as possible following a continuity activation and are readily available for a period of sustained usage for up to 30 days following the event.

 **(Contact the BGHC Regional Response Coordinator for the**

 **complete Continuity of Operations Plan)**

**5.4 Appendix D – HPP Map Contacts**

