

Region 2 North



REGIONAL PREPAREDNESS PLAN (PG 1-14) AND RESPONSE PLAN (PG 15-69)

April 4, 2023

**Regional Office:
705 Barclay Circle, Suite 140
Rochester Hills, MI 48307**

For Official Use Only



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II. Document Review and Updates

This Region 2 North Preparedness and Response Plan is a living document and will be modified over time as conditions or guidelines change. The document will be dated in January and June each year and will be posted on the Region 2 North website and distributed to the Region 2 North Operational Planning Committee.

P1. Introduction

The Michigan Department of Health and Human Services (MDHHS), Bureau of Emergency Preparedness, EMS, and Systems of Care (BEPESOC) (new name) was established in 2002 to coordinate the development and implementation of medical and public health services for preparedness and response to acts of terrorism, infectious disease outbreak and other public health emergencies. The MDHHS BEPESOC provides oversight and encompasses both the Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) staff and cooperative agreements. The BEPESOC serves as the lead agency within MDHHS to coordinate preparedness and response for public health and healthcare. The BEPESOC Director who is the Principle Investigator for the cooperative agreements reports directly to the Senior Deputy Director of the Population Health Administration. The MDHHS consists of classic public health within the Bureaus of Laboratories and Epidemiology, Maternal and Child Health, Developmental Disabilities Council, EMS, Behavioral Health Programs, Health Disparities Reduction and Minority Health, Office of Services to the Aging, Children's Special Healthcare Services and the state CMS program. The State of Michigan has twenty departments. The BEPESOC works closely with the Departments of Agriculture, Transportation, Environmental Quality, Education, Military and Veterans Affairs, Management, Budget and Technology and MSP who are the primary responders in most emergencies. The Director of the MSP is also the Director for the state emergency management agency (EMA). The State Emergency Operations Center (SEOC) and the Michigan Intelligence Operations Center (Fusion Center) is under the direction of the Deputy Director of the Emergency Management and Homeland Security Division (EMHSD)/MSP. Each State agency has a seat in the SEOC with specified roles and responsibilities under the Michigan Emergency Management Plan (MEMP) as required under the Michigan Emergency Management Act (Public Act 390). Each Department has an Emergency Management Coordinator (EMC) who represents that Departments Director serving in exercises and incidents in the SEOC. The EMC is housed and reports directly to the BEPESOC Director.

The BEPESOC maintains responsibility to coordinate the activities of the Community Health Emergency Coordination Center (CHECC). The CHECC serves as the primary state-level Multiagency Coordination group (MAC) for health and medical incidents under ESF #8. Some ESF #8 functions, such as animal health and water quality, are the responsibilities of the Departments of Agriculture and Environmental Quality. The SEOC is responsible for coordinating all state ESF activities. Each agency EMC works within the SEOC on behalf of their director getting additional support from their agency emergency coordination center to meet the needs of the incident. Activities within the CHECC respond to requests from the SEOC. This may include requests for assistance that has come from the public health and medical representative within a local emergency operation center (LEOC). Each of the 45 local health departments (LHD) has incorporated planning and response in coordination with their EMA. During activations, formal requests are processed consistent with NIMS from the LEOC to the SEOC. However, significant partnerships have been established between the LHD and the BEPESOC/CHECC.

Each of the 8 Health Care Coalitions (HCC) has implemented the strategies outlined in the Medical Surge Capacity and Capabilities model for planning and response. As such, the Regional Medical Coordination Center (RMCC) works with Healthcare Organizations (HCO) to support the Tier 2 and integrate into the Tier 3 response. It is the responsibility of the CHECC to keep the MDHHS EMC informed of the CHECC activity and thus the SEOC. This is accomplished through verbal and written communication utilizing the Michigan Critical Incident Management System (MI CIMS). The MI CIMS is expected to be used for the purpose of managing, documenting or monitoring emergency responses and activities.

Region 2N Executive Summary

P2.a Background

The Region 2 North Healthcare Coalition is a multi-disciplinary, multi-jurisdictional organization whose goal is to enhance domestic emergency preparedness for the healthcare community. Its partner organizations include hospitals, medical control authorities including their Emergency Medical Services agencies (private and public), health departments, homeland security and emergency management agencies, long term care agencies (skilled nursing facilities, home health and hospice, adult foster care, home for the aged, and others), visiting nurse association, the American Red Cross, the R2N Trauma Network, the regional epidemiologist, the Macomb County Health Department Medical Reserve Corps, dialysis centers, and other organizations.

Region 2North is the second most populous region in Michigan. Its three counties – Oakland, Macomb, and St. Clair – are home to 2.2 million people, several universities and a large business and technology sector. R2N also shares an international border crossing with Canada.

Region 2 North Healthcare Coalition is a 501(c)(3) organization under the Internal Revenue Code.

P2.b Mission

The R2N mission is to work to implement the activities of the national Healthcare Preparedness Plan (HPP), while developing and facilitating a coordinated healthcare response to disasters in our region or state in an all-hazards approach while augmenting existing resources and healthcare preparedness to meet the health and medical needs of the community during an emergency.

P2.c Geographic Details

- Population – Over 2.3 million (23% of state)
- Three counties (2nd and 3rd largest in state)
- Geography – 2,077 square miles
- International bridge crossing with Canada
- Diverse race and ethnicity
- Just north of Region 2 South which has 2.3 million population
- Three Medical Control Authorities
- 31 Hospital Partners including:
 - Twenty-Seven Hospitals
 - One Level I, Eight Level II, Six Level III, and Two Level IV Trauma Centers
 - One Level II Pediatric Trauma Center
 - Two burn surge facilities
 - One Special Pathogen Tier 2 Hospital
 - Five Surgical Hospitals
 - Four Psychiatric Hospitals
- Regional Trauma Network
- 82 Licensed Long-Term Care facilities
- 75 Home, Outpatient Services, and Hospice facilities
- Numerous Homes for the Aged and Adult Foster Care Facilities
- Many other Health care Facility Types in area (Dialysis, Health Centers, FQHC, etc.)
- Part of Cities Readiness Initiative/BioWatch
- Four major highways
- Numerous colleges and universities
- Home to Fiat/Chrysler/Stellantis Headquarters and the General Motors Technology Center
- Selfridge Air National Guard Base and Tank-automotive and Armaments Command (TACOM),
- Several major outdoor entertainment venues

P2.d Regional HVA Key Priority Findings

Top 5 Regional HVA Priorities

- Epidemic or Pandemic
- Severe weather
- Power failure
- Cyber security incident
- Mass casualty incident

P2.e Preparedness Objectives

- Develop a regional preparedness and response plan reflecting roles for the Regional Medical Coordination (RMCC) and various partners.
- Promote training and exercising at the regional level.
- Support the regional epidemiologist to assist in disease surveillance.
- Support the regional trauma coordinator as requested.
- Support the local Medical Control Authorities as requested.
- Support and engage with local emergency management, public health, and/or medical control authorities in a regional medical coordination in response to natural or man-made disasters, or other emergencies as part of the overall regional emergency management system and multiagency coordination system.
- Develop collaborative plans and provide regional assets to support the healthcare coalition to mitigate, plan for, respond to and recover from incidents.
- Support the various CMS Facility Types in advancing their preparedness planning.

P2.f Response Objectives

- Follow the National Incident Management System (NIMS) command and control structure.
- Maintain situational awareness through the timely exchange of essential elements of information.
- Provide resource support to coalition members and other Michigan healthcare coalitions through the mutual aid process.
- Facilitate the communication and coordination of incident response actions for members as part of the multiagency coordination system.
- Facilitate the communication and coordination of asset distribution as indicated by response including Personal Protection Equipment (PPE), Strategic National Stockpile assets, ventilators, and other assets.
- Promote and adhere to risk-based methodologies that ensure the safety of the emergency responders and support personnel.
- Enhance interoperable communications through using technology and systems:
 - EMResource Data Entry
 - MICIMS
 - MIHAN Alerts
 - Emails
 - Phone calls
 - 800 MHz radios
 - Web conferences including Zoom, phone conferences, etc.
 - Region 2 North website
 - Region 2 North Facebook page
- Support the State of Michigan Community Health Emergency Coordination Center (State Emergency Operations Center Medical Branch) as requested including Burn Surge communications coordination.

P2.g Business Structure

Coalition members and partners work together through an Advisory/Planning Board process with monthly meetings.

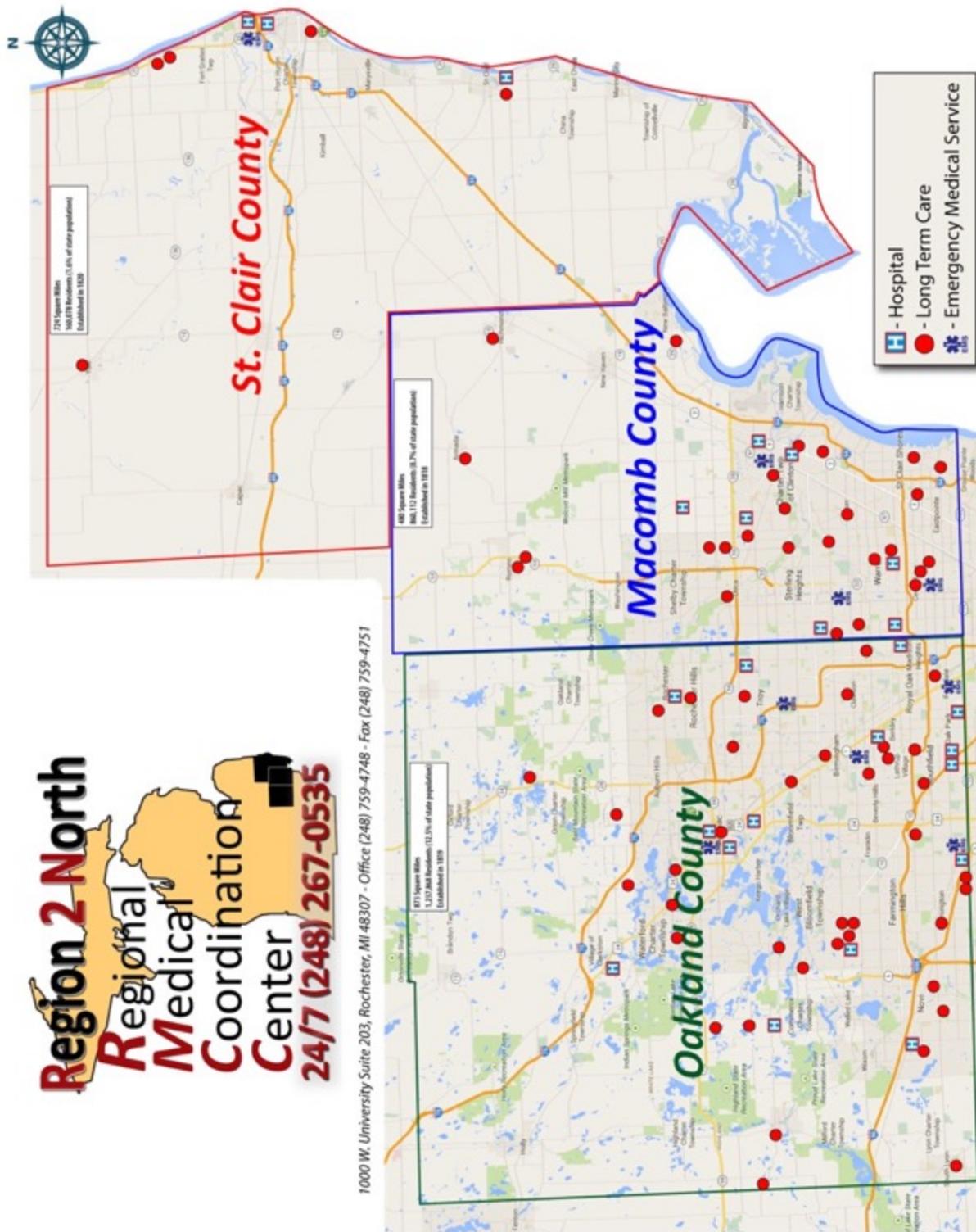
- Regional coalition Planning Board members meet monthly to review progress, approve spending plans, and review status of objectives.
- Meetings convened and facilitated by coalition chairman who is elected annually from membership based on adopted bylaws that outline eligibility and tenure.
- Meetings follow a published agenda guided by Roberts Rules of Order
- Advisory workgroups such as Education, Hospital, Long Term Care (workgroup under Hospital Advisory Committee), Pharmacy, and Operational Planning meet as needed.
- Documentation of participation and progress is consistently recorded.
- Information is shared as appropriate with the regional and statewide partners and stakeholders as necessary.
- Work plans, exercise planning document, education and training documents reviewed and posted
- MCA Fiduciary (Planning Board Treasurer) monitors budget and actual spending including check requests, American Express cards, payroll, audit, and legal expenses
- Regional staff and Regional Medical Director collaborate with the State Division of Emergency Preparedness and Response including regular meetings and reporting documents

P2.h Coalition Membership

Actual Coalition Membership is listed in the R2N Executive Summary which is posted on the R2N website: www.region2north.com

Coalition Member Type	Number of Coalition Members
Medical Control Authority (MCA)	4
Public Health	3
Homeland Security and Emergency Management	4
Acute Care Hospitals	27
Psychiatric Hospitals	4
Ambulatory Surgical Centers (ASCs)	5
Emergency Medical Services Agencies	6
Long-Term Care (LTC) Facilities	82
Home Health Agencies (HHAs) and Hospices	75
Community Mental Health Centers (CMHCs)	4
End-Stage Renal Disease (ESRD) Facilities	4
Non-government organization (NGO) (Red Cross, Salvation Army, Amateur Radio Public Service Corp, Rochester Area Neighborhood House)	4
Other (R2N Healthcare Coalition, Macomb County MRC, Michigan Office of Health and Human Services, National Disaster Medical System, Regional Epidemiologist, Regional Trauma Network, State Burn Coordinating Center, Warren Fire Department, 51 st WMD, Michigan Department of Corrections, Selfridge Air Force Base, Community Engagement & Outreach Section Division of Environmental Health, Oakland University Nursing School, Salvation Army, Amateur Radio Public Service Corp)	17

P2.i Regional Map



P3. Governance and Operations Structure

P3.a Meetings and Committees

The Region 2 North Healthcare Coalition uses the following meeting structure for planning, training, and exercises:

R2N Advisory/Planning Board:

Voting members, and others, from the R2N HCC meet the second Wednesday of the month to review reports from the Advisory Committees, updates from the R2N staff/Medical Director, and review the report from the Fiduciary. These meetings are conducted virtually when the agenda is light or in-person with a virtual meeting option when the agenda has more significant items for discussion or approval. Meeting times and locations are posted on the R2N website.

R2N Hospital Advisory Committee:

The R2N HCC Hospital Advisory Committee usually meets the first Friday of the month to review reports, updates from the R2N staff/Medical Director, and review proposals to go to the Planning Board. These meetings are conducted virtually when the agenda is light or in-person with a virtual option when the agenda has more significant items for discussion or approval. Meeting times and locations are posted on the R2N website.

R2N Education Advisory Committee:

The R2N HCC Education Advisory Committee usually meets the second Tuesday of the month to review reports, updates from the R2N staff/Medical Director, and review proposals to go to the Planning Board. These meetings are conducted virtually when the agenda is light or in-person with a virtual option when the agenda has more significant items for discussion or approval. Meeting times and locations are posted on the R2N website.

R2N Pharmacy Advisory Committee:

The R2N HCC Pharmacy Advisory Committee usually meets as needed to review reports, updates from the R2N staff/Medical Director, and review proposals to go to the Planning Board. These meetings are conducted virtually when the agenda is light or in-person with a virtual option when the agenda has more significant items for discussion or approval. Meeting times and locations are posted on the R2N website.

R2N Operational Planning Advisory Committee:

The R2N HCC Operational Planning Advisory Committee usually meets monthly to review reports, updates from the R2N staff/Medical Director, and review proposals to go to the Planning Board. These meetings are conducted virtually when the agenda is light or in-person with a virtual option when the agenda has more significant items for discussion or approval. Meeting times and locations are posted on the R2N website.

R2N Long Term Care Workgroup:

The R2N HCC Long Term Care Workgroup usually meets every other month (January, March, May, July, September, November) to review reports, updates from the R2N staff, and conduct training, review lessons learned, conduct exercises, and propose funding to go to the Hospital Committee. These meetings are conducted virtually when the agenda is light or in-person with a virtual option when the agenda has more significant items for discussion or includes exercises. Meeting times and locations are posted on the R2N website.

R2N Home Health and Hospice Workgroup:

The R2N HCC Home Health and Hospice Workgroup meets every other month (January, March, May, July, September, November) to review reports, updates from the R2N staff, and conduct training, review lessons learned, conduct exercises, and propose funding to go to the Hospital Committee. These meetings are conducted virtually when the agenda is light or in-person with a virtual option when the agenda has more significant items for discussion or includes exercises. Meeting times and locations are posted on the R2N website.

R2N Community Mental Health Workgroup:

The R2N HCC Community Mental Health Workgroup meets as needed to review reports, updates from the R2N staff, and conduct training, review lessons learned, conduct exercises, and propose funding to go to the Hospital Committee. These meetings are conducted virtually when the agenda is light or in-person with a virtual option when the agenda has more significant items for discussion or includes exercises. Meeting times and locations are posted on the R2N website.

P3.b Bylaws

The Region 2 North Healthcare Coalition is a 501(c)(3) under the sole membership of the Health Emergency Services Inc. (HEMS) 501(c)(3). The governance structure is covered in the R2N HCC Bylaws which are reviewed and approved annually by the R2N Advisory / Planning Board and the HEMS Board. These Bylaws are kept at the R2N office and the HEMS office. If a copy is needed, please contact the R2N office (contact information on the R2N website at: www.region2north.com)

P3.c Annual Work Plan Process

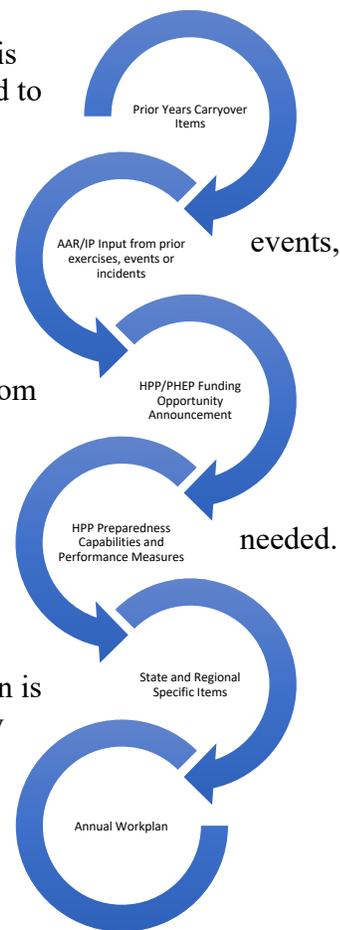
Each year the Region 2 North Healthcare Coalition prepares a work plan that is reviewed by the Advisory Committees and Planning Board and then submitted to the Division of Emergency Preparedness and Response (DEPR) for the fiscal year. This work plan is developed using inputs from various sources:

- Actual results from prior years including carryover items.
- After Action Reports and Improvement Plans from prior incidents, or exercises
- Items reflected in the HPP/PHEP Funding Opportunity Announcement. The DEPR analyzes the funding opportunity and submits the request from the State of Michigan after receiving input from various sources including the Healthcare Coalitions.
- The HPP Preparedness Capabilities and Performance Measures document is reviewed to inform the work plan on specifics of how results will be measured so the plan reflects the specific items
- DEPR and the Regional Healthcare Coalitions provide specific projects, exercises, or other items they intend to work on that are not part of the original work plan schedule.

Using all the inputs mentioned above, the R2N Healthcare Coalition work plan is developed and submitted per specific date and input requirements provided by DEPR.

The actual work plan document is posted on the Michigan Health Alert Network (MIHAN) document site in folders specified by DEPR.

Elements of the R2N work plan are then reviewed monthly by the various Advisory Committees and the work plan is updated by the R2N Healthcare Coalition Regional Coordinator. The document is also updated and posted per specific dates issued by DEPR in the annual Budget Period Important Dates document. If you do not have access to the MIHAN documents library for the R2N Healthcare Coalition, you may request an electronic version of the work plan by contacting the R2N Office.



P3.d Education and Training Planning Process

Similar to the work plan described above, the R2N Healthcare Coalition Education Committee prepares an Education and Training Plan. This plan is also reviewed monthly by the Education Committee and updated by the R2N Regional Coordinator. The updates are posted on the MIHAN document library for the R2N Healthcare Coalition. If you do not have access to the MIHAN documents library for the R2N Healthcare Coalition, you may request an electronic version of the Education and Training Plan by contacting the R2N Office.

Name of Training/Conference	Date(s)	Location of Training (Place/City)	Target Audience	Number of Anticipated Attendees at Event	Provide a Brief Description of How the Training Addresses Gap in Healthcare System Emergency Preparedness Response or Recovery
Each training/event should be listed individually. For example: if offering BDLs multiple times a separate line is required for each class session.	Format: mm/dd/yy between 07/01/17 & 06/30/18		Example: Public Health, Hospitals, EM		
Region 2 North Healthcare Coalition					
R2N Annual Conference	June 7, 2018	Macomb Intermediate School District	Hospitals, Long Term Care, EMS, Public Health, Emergency Management, Volunteer Organizations, Dialysis Centers	225	Continues to cover major current topics or trends in healthcare preparedness. Actual agenda developed by education committee based on input from partners, trends, recent incidents, etc.
Conference Stipends for partners to attend Healthcare Coalition Annual Conference	November 29-30, 2017	San Diego, Ca	Hospital or EMS partners	2 plus R2N staff	Attendees required to make presentation to appropriate R2N group and provide written report on key learnings from conferences, which will be done at the January 10, 2018 Planning Board meeting. Attendees included Doris Neumeyer, Allison Clark, Dr. Mike Feld, David Vinson, and Rick Drummer.
Conference Stipends for partners to attend Joint Commission Conference	April 17-19, 2018	Lake Buena Vista, FL	Hospitals	2 on conference stipend and 3 with SPRN funding	Attendees required to make presentation to appropriate R2N group and provide written report on key learnings from conferences.
Conference Stipends for partners to attend Homeland Security Conference	May 8-10, 2018	Grand Rapids, MI	Hospitals, EMS, MCA, Long Term Care	2	Attendees required to make presentation to appropriate R2N group and provide written report on key learnings from conferences.
Basic Disaster Life Support class	June, 2018	Macomb Intermediate School District	Long Term Care, Hospitals, EMS, Public Health, Emergency Management, Volunteer Organizations	25	Covers Basic Disaster Life Support training. Putting later in year hoping new class curriculum is available. Judy Wheeler conducting training for presenters on January 16, 2018.

P3.e Exercise Planning Process

Similar to the work plan described above, the R2N Healthcare Coalition Education Committee prepares an Education and Training Plan. This plan is also reviewed monthly by the Education Committee and updated by the R2N Regional Coordinator. The updates are posted on the MIHAN document library for the R2N Healthcare Coalition. If you do not have access to the MIHAN documents library for the R2N Healthcare Coalition, you may request an electronic version of the Education and Training Plan by contacting the R2N Office.

EXERCISE NAME	EXERCISE TYPE (tabletop, drill, functional, full scale)	DATE	LOCATION	COALITION(s) and/or STATE	PROPOSED COALITION PARTNERS	CAPABILITIES EXERCISED	Capability-based gap or corrective action being exercised.
Region 2 North Healthcare Coalition							
Burn Surge	Tabletop	October 2, 2017	Various regions and RMCC office	R2N	Hospitals, EMS, State Burn Surge Coordinator, CHECC	Communications, Emergency Operations (Coordination, Emergency Triage and Pre Hospital Treatment, Medical Surge – Burn Surge Trauma)	This is the second of two Statewide Burn Surge Tabletops. Update 11/1/17 Burn Surge TTK was conducted as planned. AAR/IP written on 10/17/17 and submitted to the state. R2N participants included: R2N RMCC, Macomb County MCA, Universal Ambulance, Henry Ford Clinton Township, St. John Oakland and Macomb Hospitals, McLaren Oakland Hospital, Beaumont Royal Oak Hospital
Burn Surge	Functional	April-June 2018	Various locations and RMCC office	R2N	Hospitals, EMS, Public Health, Emergency Management, State Burn Surge Coordinator, CHECC	Communications, Emergency Operations (Coordination, Emergency Triage and Pre Hospital Treatment, Medical Surge – Burn Surge Trauma)	Plan to exercise the communications and coordination of the Burn Surge plan without moving patients (simulation only).
Responder Pharmaceutical Distribution – Hospital Closed Point of Dispensing and SNS	Tabletop	May 4, 2018 at end of Hospital Committee meeting	Various participating hospitals	R2N	Hospitals, Public Health, Emergency Management	Responder Health and Safety	R2N will exercise the request and deployment of the MEDDRUN, CHEMPACK, and SNS pharmaceutical cache from at least one of the hosting locations to another location (request, approval, and receipt processes). This will be a tabletop discussion
Interoperable Communications – 800 MHz Radios	Drill	Monthly	Hospitals, CTS agencies, RMCC, Emergency Management, Public Health	R2N	Hospitals, CTS agencies, RMCC, Emergency Management, Public Health	Confirm disaster communication capability to use radio and radio functionality	800 MHz radios are part of the R2N interoperable communications methods and we need to verify personnel at various locations know how to use the radios and that they are functional. Update 1/2/18 (Hospital response percentage) July – 77% August – 69% September – 77% October – 77% November – 85% December – 46% (The HAN alert was not sent this month)

P3.f. Implementation Budget

Each fiscal year funds are allocated to the State of Michigan from the office of the ASPR. The State of Michigan, DEPR, analyzes the allocation compared to all the priorities and inputs used in the work plan process plus inputs from other sections of healthcare emergency preparedness and response. Based on all the inputs, funds are allocated to the Region 2 North Healthcare Coalition for the fiscal year through the Medical Control Authority Fiduciary (HEMS Inc.). Funds are set aside to cover the administration costs for the R2N Healthcare Coalition with the remaining used for implementation requests to accomplish the tasks in the work plan described in section P3.c.

FY2020 HCC BUDGET REQUEST																	
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<small>In accordance with the 2019-2023 Hospital Preparedness Program Cooperative Agreement, the following HCC Budget was officially reviewed and approved by all Core Members on the above listed date.</small>																	

Requests for actual spending go through an approval process as follows:

- Funding requests are reviewed by the R2N Advisory Committee responsible for the project being requested.
- After review, modification, and approval by the Advisory Committee, the implementation requests are submitted to the R2N Planning Board for review, modification, and approval.
- If approved, the implementation request is then submitted to DEPR for review and approval using a defined implementation request form. If approved, the project can then move forward for action.

Once projects are approved, the actual ordering and spending is monitored by the R2N staff. Spending is tracked monthly using an excel spreadsheet. Actual spending can take place in several ways:

- The R2N office can order and pay for items using an American Express card. The card spending is monitored by the MCA Fiduciary and reconciliation is provided by the R2N Regional Coordinator monthly. Copies of invoices, account number identification, and approval dates are submitted to the MCA Fiduciary.
- After approved, items may be ordered and paid for by healthcare partners. Once received, a copy of the invoice is submitted to the R2N office for reimbursement. The R2N will submit a check request to the MCA Fiduciary including a description, copy of the invoice, account number identification, and approval dates. Note: in some cases, the payment is a reimbursement for out-of-pocket costs, within funding allowance instructions, and a document from the healthcare provider is used instead of an invoice.
- The R2N office can initiate a purchase order for the approved items and pay for it directly. The items can be received by the R2N office or a bill-to, ship-to process can be used. The R2N will submit a check request to the MCA Fiduciary including a description, copy of the invoice, account number identification, and approval dates if the American Express card is not used.

The MCA Fiduciary submits items to the State financial project manager and uses a State provided system for funds requests, documentation, reconciliation, etc. The MCA Fiduciary also reviews monthly financial status report (FSR) information with the R2N Advisory/Planning Board for acceptance.

P3.g. Signature Page

The MCA Fiduciary and the R2N Planning Board Chair each sign the budget and work plan submission signature page when submitted to the state and the form is posted on the MIHAN.

Region 2 North Response Plan

R1. Define the HCCs role

a. Strategic Planning

The role of Region 2 North HCC is to conduct strategic planning with coalition partners, including jurisdictional authorities, through meetings, coordinating a dialogue to share best practices and lesson's learned, workshops, HVA reviews with organizations and AAR/IP's review. Strong partnerships allow for integrated planning, training and exercises throughout the HCC that will enhance response capabilities. Strategic planning for response needs includes understanding lessons learned from other healthcare coalitions by using the ASPR TRACIE website and attending conferences, including the National Healthcare Coalition Conference.

When an incident occurs that requires a regional HCC response, members of the HCC may participate in the incident command planning section as part of a Multiagency Coordination Group.

b. Situational Awareness

The role of Region 2 North HCC is to obtain and provide situational awareness through a variety of formats through relationships with partners using but not limited to:

- Phone calls,
- email,
- Text messages
- HCC meetings,
- Communication with Michigan Intelligence Operations Center (MIOC) for Critical Infrastructure Protection and Situational Awareness Report,
- Updates on MICIMS,
- Michigan Health Alerts Network messages (MIHAN)
- Use of the 800 MHz Disaster radios
- and communication and coordination with the CHECC Duty Officer.

Awareness is provided for events, incidents and trends to assist in the disaster response.

c. Information Sharing

The role of Region 2 North HCC is to provide information to & from partners and to coordinate a dialogue to share best practices and lessons learned using the method deemed most effective and efficient including partners at:

- HCC meetings,
- Michigan Intelligence Operations Center (MIOC),
- CHECC Duty Officer
- Regional Medical Coordination Center
- Local Emergency Operation Centers (healthcare or jurisdictional based)
- Incident Command System.

Information is disseminated though listservs, conference calls, virtual meeting platforms, social media, and mass notification systems i.e., MIHAN, Everbridge, EMResource, EMTrack, eICS, MICIMS). It is scalable based on the need and request (i.e., FYI, notification, immediate resource request).

d. Data Reporting

During COVID-19, the Region 2 North HCC worked with the state, hospitals, long term care, and others to do daily and weekly data reporting. This required data reporting continues and the HCC provides subject matter expertise to help ensure the data is as accurate as possible.

R2. Regional Response Plans Concept of Operations

R2.a Medical Surge Capacity and Capability

Medical Surge Capacity and Capability is a modular system that is expandable and scalable. It utilizes local, regional, State, and federal assets based on the needs of the response to the disaster and follows the National Incident Command structure. It is also a framework and concept that can be modified based on the need and tier level response of the disaster.

A regional response would be implemented if the normal and/or surge healthcare capacity is exceeded by a surge of casualties of a regional medical emergency. A regional response relies on the coordination of medical care between hospitals, pre-hospital (EMS), and other healthcare facilities and enhances the overall coordination of response and recovery efforts between medical and governmental emergency managers. This same concept applies to other healthcare facilities including long term care, dialysis centers, community mental health, home health care, etc.

Activation may involve one or any number of the Surge components depending on the specific incident.

1. If a local county declares a disaster
Surge components may be activated by a local EOC (Emergency Operations Center).
2. When ordered by the Governor
Surge components may be activated when ordered by the Governor following a “Governor’s State of Emergency or Disaster Declaration” due to an actual or potential disaster or emergency that has or may result in a large number of casualties.
3. If the State of Michigan Emergency Operations Center/Community Health Emergency Coordination Center becomes operational. Some components of a regional surge capability may be activated if needed when the State of Michigan or the Michigan Department of Community Health activates their emergency operations center and requests such action.
4. At the request of a local agency (i.e., local health department, emergency management, hospital, MCA) or another region the Regional Medical Coordination Center may be opened to provide communications and coordination assistance.

Regional Tiered Response System

Consistent with Medical Surge Capacity and Capability Management, regional plans follow the six-tier construct identifying various levels of health and medical asset management in responding to mass casualty incidents. These levels consist of the following:

Tier 1

Individual hospitals, integrated health systems, private physician offices, outpatient clinics and resources where point of services medical care is provided.

Tier 2 -

Healthcare coalitions through the establishment of mutual aid and cooperative agreements as

well as mutual planning.

Tier 3 -

Integration of health care facilities planning with other response disciplines including local emergency management.

Tier 4 -

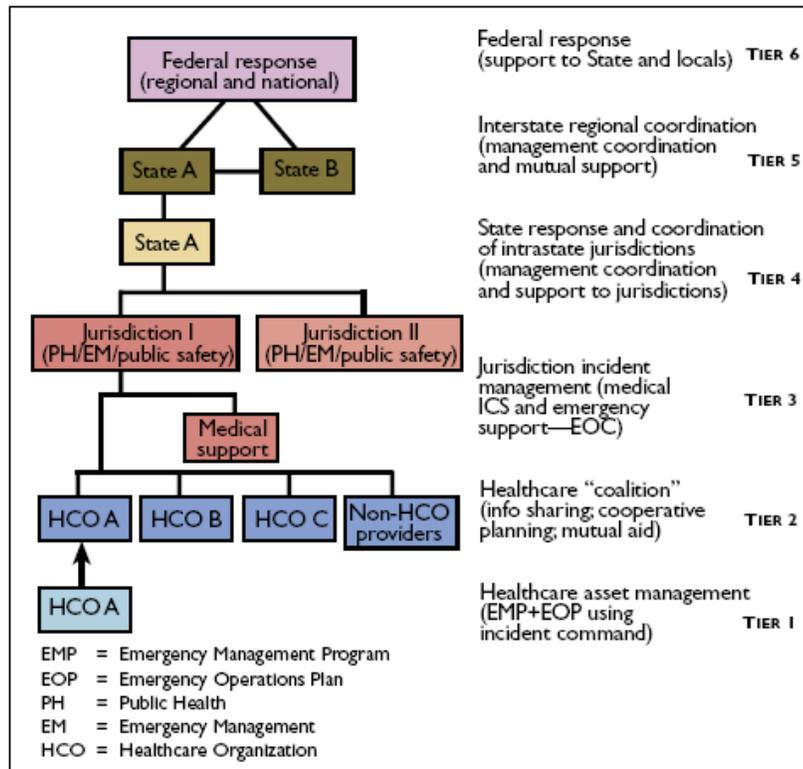
Coordination through State led activities in support of response by local jurisdiction.

Tier 5 -

Interstate coordination in support of medical surge capability.

Tier 6 -

Federal support to State and local jurisdiction in response to mass casualty situations.



R2.b Regional Medical Coordination Center (RMCC)

The Regional Medical Coordinating Center is part of the Medical Control Authority protocol in each county. It is designed to be a medical resource to local emergency management or other agencies needing help in a response, not another layer in the response efforts. The purpose of this component is to assist with the provision of flexible, coordinated, uninterrupted health response. The RMCC will work with the local EOC's and/or other agencies to assist in coordination and communication with medical surge capacity throughout the region. This will help facilitate standardization and inter-operability of healthcare operations and ensure optimum and efficient use of resources within the Surge model.

R2N may play a critical role in the communications and coordination of medical response capabilities. The R2N Regional Medical Coordination Center is defined in the Michigan, and county MCA, protocols for Special Operations for Mass Casualty Incidents Section 10-6 as follows:

XI. REGIONAL MEDICAL COORDINATION CENTER (RMCC)

The RMCC serves as a regional multi-agency coordination center entity as defined by the National Incident Management System (NIMS). The RMCC serves as a single regional point of contact for the coordination of healthcare resources. The RMCC is intended to optimize resource coordination among hospitals, EMS agencies, medical control authorities and other resources. The RMCC serves as a link to the Community Health Emergency Coordination Center (CHECC).

The RMCC acts as an extension and agent of the Medical Control Authority.

A. RMCC Responsibilities include, but are not limited to:

1. Maintain communications with all involved entities
 - a. EMS Branch Directors
 - b. EMS Division/Group Supervisors
 - c. EMS Unit Leaders
 - d. Hospitals
 - e. Local EOCs (when activated)
 - f. CHECC (when activated)
 - g. Alternate care sites(when activated)
 - h. Other RMCCs (as appropriate)
2. Provide initial and update alerts via available communications resources.
3. Provide frequent updates to on-scene EMS Branch Directors/Group/ Supervisors (or designee) regarding hospital casualty care capacity.
4. May relay casualty transport information to receiving facilities.
5. May relay urgent and routine communications to appropriate entities.
6. May assist in coordination and distribution of resources.
7. Other appropriate tasks as necessary for an effective regional medical response.

B. RMCC Immunity from Liability

It is the intent of this protocol that the Regional Medical Coordination Center and the personnel staffing the RMCC and performing the functions are afforded immunity from liability whether or not a Mass Casualty Incident has occurred, as provided through MCL 333.20965 of Part 209 of PA 368 of 1978, as amended. This section specifically provides immunity from liability protection to Medical Control Authorities in the development and implementation of department-approved protocols (see language below):

Sec. 20965 (3) Unless an act or omission is the result of gross negligence or willful misconduct, the acts or omissions of any of the persons named below, while participating in the development of protocols under this part, implementation of protocols under this part, or holding a participant in the emergency medical services system accountable for department-approved protocols under this part, does not impose liability in the performance of those functions:

- (a) The medical director and individuals serving on the governing board, advisory body, or committees of the medical control authority or employees of the medical control authority.*
- (b) A participating hospital or freestanding surgical outpatient facility in the medical control authority or an officer, member of the medical staff, or other employee of the hospital or freestanding surgical outpatient facility.*
- (c) A participating agency in the medical control authority or an officer, member of the medical staff, or other employee of the participating agency.*
- (d) A nonprofit corporation that performs the functions of a medical control authority.*

333.20965 Immunity from liability

The RMCC can be activated to assist in both small and large-scale emergencies. The 24/7 activation number is 248-267-0535. Additional information on RMCC communication systems can be found in the R2. Communications section

**Regional Medical Coordination Center (RMCC)
For Region 2 North (R2N)
Notification Guideline for Requests to Contact R2N RMCC**

Health Emergency Medical Services (HEMS) has been designated as the Region 2 North (R2N) 24/7 phone number to receive and process incoming calls for the R2N Regional Medical Coordination Center.

Calls for the R2N RMCC 248-267-0535

Phone Operator Responsibilities

1. Operator obtains information, including caller name and call back number, and informs caller info will be forwarded to a member of the RMCC.
2. **Operator will call a member from the RMCC to relay the information (call until they get an actual response on the phone. For each call where they do not get an actual person, they will leave a message that they are calling next person.)**
3. Once they pass on the information, Operator, if requested by the person taking the call, will call one member of the other organizations in the boxes below to relay the information on who is responding to the call.

<u>R2N Staff</u>		
Rick Drummer C: (248) 770-4805 O: (248) 759-4748 H: (248) 373-4986	Michael Feld, MD C: (248) 444-9741 O: (248) 759-4748	Rachiel Clay C: (586) 216-1270 O: (248) 759-4748
MCA Macomb County		
Debbie Condino C: (313) 590-5294 O: (586) 792-1350 H: (248) 276-2488	Luke Bowen C: (248) 563-3956 O: (586) 792-1350	Michael Feld MD C: (248) 444-9741 O: (248) 759-4748
MCA Oakland County		
Bonnie Kincaid O: (248) 975-9704 C: (248) 321-9320	Robin Welch O: (248) 975-9704 C: (248) 670-8483	Steve McGraw MD C: (313) 930-5481 W: (248) 849-3015 H: (313) 881-7071
MCA St. Clair County		
Ken Cummings C: (810) 434-1000 O: (810) 985-3980 H: (810) 385-9719		Ronald Thies MD O: (810)329-5304

**Regional Medical Coordination Center (RMCC)
For Region 2 North (R2N)
Notification Guideline for Requests to Contact R2N RMCC**

Responsibilities for R2N person who takes the call:

If an RMCC staff member receives a call asking for Medical help, they must consult a Regional Medical Director if they are not a medically trained person before a final response. For example, if the R2N Regional Coordinator receives a call asking from medical assistance, he will call the R2N Medical Director for advice. If the R2N Medical Director is not available in a timely fashion, he will call another Regional Medical Director, starting with R1, the R2S, R3, R5, R6, and R7. This is not necessary if the call is for communications equipment, vests, or other non-medical items.

The RMCC staff member who returns the call will inform the members of the R2N RMCC Staff, three county Medical Control Authorities, as well as Public Health and Emergency Management in all three counties of the circumstances of the call and action taken, if any. This notification could be by phone, text, phone conference, MI-HAN alert, email, or video conference, depending on the situation and urgency of response (Urgent responses should be within the hour, exercises or no-action-needed responses should be within 24 hours).

Depending on the RMCC action needed, a conference call may be established quickly so all relevant partners can be involved in the actions and/or decisions (Medical Control Authorities, Public Health, Emergency Management, Hospital(s) (as needed), Casualty Transportation System (CTS) (as needed), R2N RMCC Staff, etc.)

R2.c Activation Checklist

IMMEDIATE ACTIONS

- Acknowledge notification or request for assistance. Document time, date, and location of the incident.
- Identify purpose for RMCC activation
- Establish initial objectives (ICS 202) SMART: Specific, Measurable, Action Oriented, Realistic, Time Based [FEMA Form Link](#)
- Identify preferred communication method for information dissemination
- Notify other regional and supplemental staff
- Make contact with local emergency manager(s) and MSP district coordinator to ensure notification of incident/activity
- Ensure contact information and interface with local facility Incident Command Centers (ICC) in place
- Determine if staff should stay remote or travel to ICC for support
- Notify local public health EPC
- Notify BEPESOC/CHECC of incident and activation

EARLY ACTIONS

- Monitor facility's eICS log
- Perform and monitor EMResource polls and notifications as appropriate
- Facilitate and monitor EMS resource polls; information gathering as needed
- Identify need for additional communications and support resources
- Monitor social media/information sharing; identify location of joint information center/PIO actions; Update webpage information as needed
- Consider regional staffing needs/schedule regional staffing for prolonged operations
- Anticipate regional patient care impacts; monitor healthcare resource status
- Notify adjacent regions of incident for potential support

R2.d Staffing Plans

During short term response, the R2N staff will provide the staffing for the RMCC including:

- The Regional Coordinator
- The Assistant Regional Coordinator
- The Regional Medical Director (if available)

When needed, additional staff can be brought in and provided just-in-time training and systems access including:

- Staff from other regions in the State not impacted by the disaster, if available, including Regional Medical Directors
- The former R2N Assistant Regional Coordinators
- Members of the Macomb County Health Department Medical Response Corps after consultation with the MRC Coordinator

R2.e Contact Information

Contact lists are kept at the R2N office for all the hospitals, long-term-care, and other healthcare partners. These lists are also kept on electronic devices carried by member of the R2N RMCC.

In cases of emergency, local healthcare providers have been asked to provide situational awareness to their local Homeland Security and Emergency Management Organizations. At times, contacts are also made with local Public Health offices.

Some of the important 24/7 numbers are listed below:

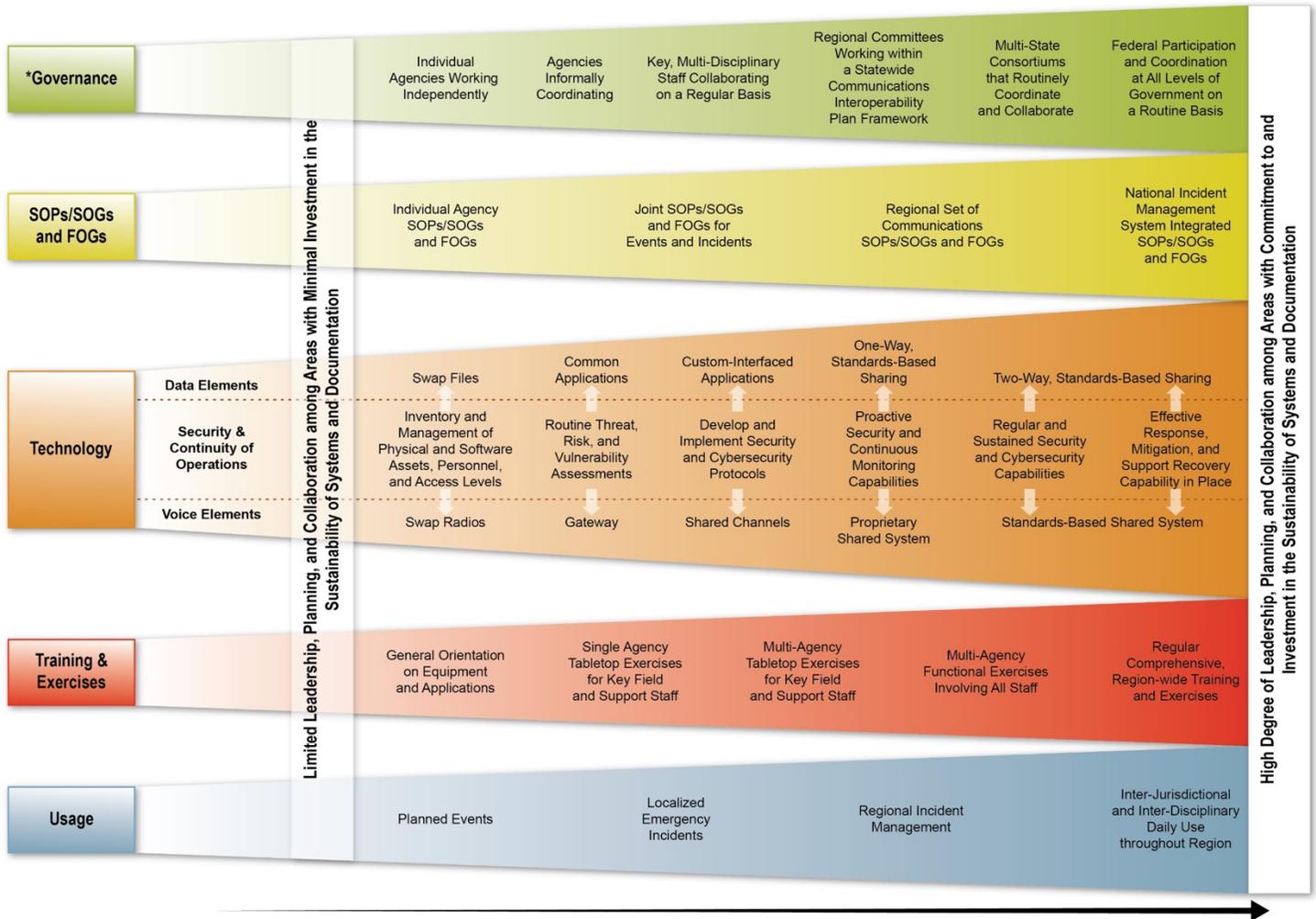
R2N RMCC	248-267-0535
Macomb County Emergency Management	586-469-5502
Oakland County Emergency Management	248-858-5300
St. Clair County Emergency Management	810-989-6965
Community Health Emergency Coordination Center	517-819-0391

R3. Communication Plans

Regional Healthcare Coalition members use communication to bring individuals as well as other coalitions together around a common goal or concern and effectively facilitate meetings, exercises and responses to incidents. Many different methods can be used such as in person, by phone (either land lines or cell phones), by email, by radio and through the various system platforms that exist within the state. These same methods also exist for communication from the Healthcare Coalitions to the State or by contacting BEPESOC's On-Call Duty Officer at 517-819-0391 as appropriate

R3.a Communications and Coordination Roles

R2N has Interoperable Communications in place following the Homeland Security Continuum:



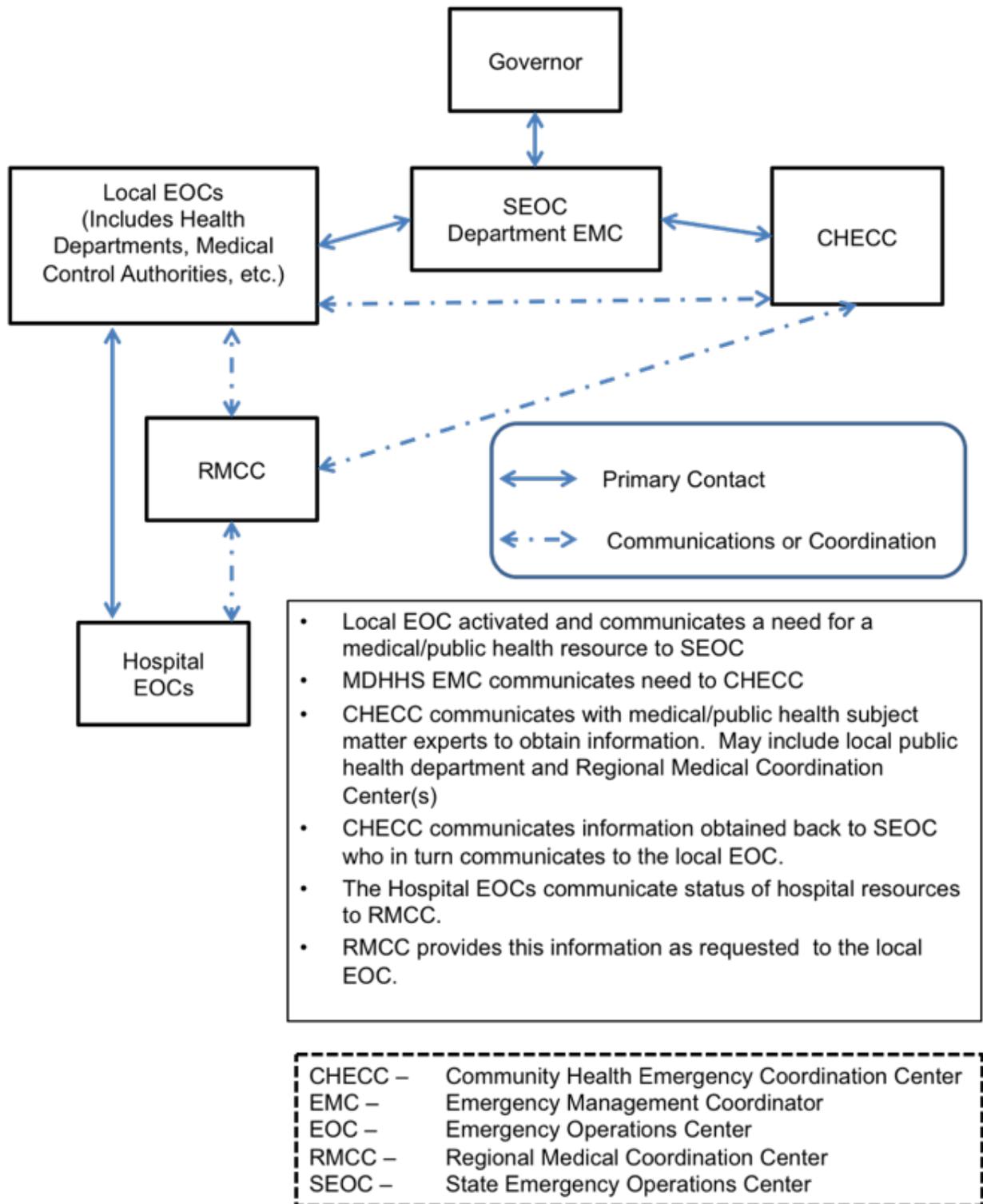
*Brochure text updated to include information on Lifecycle Funding within the Governance Section

Communication Devices/Systems in Place Include:

- Land Lines
- Cell Phones (Text, Call, Email)
- Contact Lists
- Email
- Website
- SharePoint System
- Michigan Health Emergency Network (MIHAN)
- Juvare EMS Systems Platforms:
 - EMResource
 - EMTrack

eICS - Hospital Incident Command System
MI CIMS
2 Way Radios
800 MHz Radios
Amateur Radios
Satellite Phones
Virtual Platforms including Zoom and Microsoft Teams
R2N Facebook Page

Medical Communications Pathway During Healthcare Emergency Response



R3.b Sharing Essential Elements of Information (EEI)

Essential Elements of Information – (EEI) Healthcare Coalition Response:

EEIs contain situational awareness information that is critical to the initial response, ongoing response and recovery operational periods. Specific elements stated here may not apply in every event, may not be all-inclusive, and should be modified to obtain the maximum benefit. EEIs should be added or deleted for each operational period depending on the specific circumstances and phase of response.

Status: INITIAL RESPONSE (IMMEDIATE)

- What is the scope of the incident and the response?
- How will it affect service delivery?
- Where are the impacted communities?
- What population is impacted?
- What is the anticipated medical surge?
- Determine communication means
- Evaluate healthcare organization, staff and supplies
 - Healthcare facility status
 - Consider healthcare facility incident command status
- Determine health department status
- Identify who need to know
- Identify resources to be deployed
- Consider healthcare facility decompression initiatives

Status: ONGOING RESPONSE

- Projections for healthcare organization, staff and supplies:
 - Identify additional resources
 - Responder safety and health
 - Identify capabilities by specialties
 - Prioritize routine health services
- Forecast duration of incident
- Update response partners
- Status of critical infrastructure (i.e., hospitals, urgent care, EMS service, long-term-care, public health department, behavioral health)
- Status of interoperable communication systems

Status: RECOVERY

- Prioritize essential functions
- Identify support resource systems
 - Human resources
 - Infrastructure resources
- Identify documentation
- Address regulatory requirements for reimbursements
- Assess functional staff (i.e., physical, mental screening, vaccinations)

R4. Written Agreements

R2N does maintain a Hospital Committee written agreement on response that is reviewed annually. We also have one with Long Term Care. Other agreements with healthcare providers are in place for certain assets. During a response, other agreements will be used as necessary for deployment of assets from the regional cache, state assets, or the Strategic National Stockpile.

Functional Annex:

A1. Contact Lists

Contact lists are maintained in separate documents at the R2N RMCC office and electronically on the MIHAN.

A2. Capabilities Chart

ASPR Hospital Preparedness Program Capabilities

Capability	R2N HCC Preparedness
Foundation for Health Care and Medical Readiness	<ul style="list-style-type: none"> • Active advisory and planning board and committees • Regional training and exercises • Regional assets placed for response • Communications plans • Bylaws • Strong partnerships with health care facilities, public health, emergency management, medical control authorities
Health Care and Medical Response Coordination	<ul style="list-style-type: none"> • Communications systems • Regional Medical Coordination Center • Partners work together prior to incident • Preparedness and Response plans
Continuity of Health Care Service Delivery	<ul style="list-style-type: none"> • Continuity of Operations Planning • Recovery Planning • Redundant systems and processes • Ethical Guidelines for Crisis Standards of Care • Regional and State Assets available • Personal Protection Equipment for responder safety and health • Michigan Regional Response Coordination (regions working with regions and state)
Medical Surge	<ul style="list-style-type: none"> • Immediate Bed Availability Planning • Alternate Care Site and Evacuation trailers • Strong Homeland Security and Emergency Management support • Drills and exercises • Special Pathogen Response Network • Strong Public Health support • Strong Medical Control Authorities • Strong Trauma Network • Burn Surge Planning • Fatality Management / MIMORT / MMRS Morgue trailers • Transportable Emergency Surge Assistance (MITESA) • Michigan Regional Response Coordination (regions working with regions and state) • R2N/MMRS Oxygen trailers

A3. Crisis Standards of Care

A3a. Ethical Guidelines

MDHHS has posed the Allocation of Scarce Medical Resources and Services guidelines on the COVID webpage. These guidelines have been distributed to various R2N HCC partners.

Appendix 9.3 - Michigan Guidelines for Implementation of Crisis Standards of Care and Ethical Allocation of Scarce Medical Resources and Services During Emergencies and Disasters

November 2021

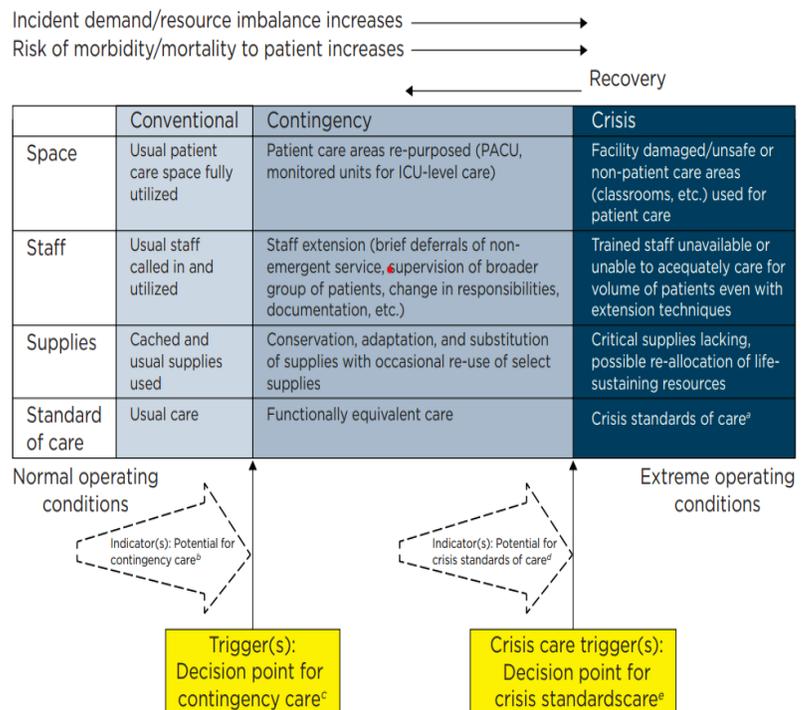
Annex 9 – Michigan Medical Surge Plan MDHHS Emergency Operations Plan (EOP)

Michigan also distributed a copy of the Institute of Medicine (IOM) released **Crisis Standards of Care; A Systems Framework for Catastrophic Disaster Response**, to the R2N hospitals and others.

These are guidelines and thought-provoking documents, but they do not give a “cookie cutter” response plan. Each healthcare facility is expected to have a process in place, as part of their operating procedures, to have the right people in their organization work together to make informed decisions during crisis and shortage of resources.

Hospitals, and other healthcare facility types, are encouraged to:

- Establish triggers and thresholds for implementing crisis standards of care;
- Adapt operations from conventional to contingency to crisis standards of care based on the circumstances surround an incident;
- Develop strategies to reduce demand and effectively manage, optimize, and augment existing resources;
- Evaluate healthcare facility legal authority and the applicable legal environment for the implementation of crisis standards of care;
- Provide guidance for the delivery of palliative care, when appropriate.



Source: Institute of Medicine, Crisis Standards of Care: A Toolkit for Indicators and Triggers (2013).

Copies of these documents are available from the R2N office.

A3b. Supply Chain Disruption

Healthcare facilities and other partners are responsible for their own supply chain and should have a plan in place for allocation decisions on supply chain disruption. There are times when the R2N HCC will provide support using our various committees, our supply caches, our regional partners, other healthcare coalitions in the state, and the state Community Health Emergency Coordination Center.

The R2N HCC will monitor indicators and triggers on a regional basis for supply chain disruption and, when indicated, communicate with partners on potential support. Partners may also call the R2N Medical Coordination Center for assistance.

A4. Medical Countermeasures

The R2N Pharmacy Committee is responsible for the planning for medical pharmaceutical countermeasures.

Components of the planning include:

- Michigan MEDDRUN plan (Posted on MIHAN)
- National CHEMPACK plan (Posted on MIHAN)
- Strategic National Stockpile dispensing plans.

The R2N Pharmacy Committee meets periodically to review the items in conjunction with the R2N Medical Director and a representative from the Michigan Pharmaceutical Association.

A5. Medical Surge / Mass Casualty Incident

A.5.a. Surge Assets / Regional Cache Items

MITESA

The Michigan Transportable Emergency Surge Assistance (MI-TESA) Medical Unit is a state resource consisting of a 100-bed mobile field hospital that is stored and maintained by the Region 2 South Medical Bio-Defense Network, and a 40-bed mobile field hospital that is stored and maintained by the District 5 Medical Response Coalition. The MI-TESA Medical Unit expands surge capacity, re-establishes emergency triage, and treatment in an area where the healthcare infrastructure has been disrupted. The unit may be deployed anywhere within the state and can be deployed to other states through the Emergency Management Assistance Compact (EMAC).



Requests for the MI-TESA assets must go through the Regional Medical Coordination Center in collaboration with the local Emergency Management Emergency Operations Center. These requests will then be forwarded to the Community Health Emergency Coordination Center (CHECC) and the State Emergency Operations Center through the appropriate channels. It takes a great deal of collaboration and coordination to establish the proper location, transportation, staffing, and security for the MI-TESA assets. The assets are module, so all or part may be deployed, depending on the need.

Oxygen Trailers

There are several Oxygen Generation Trailers located in R2N. Two systems were provided by the Metropolitan Medical Response System with one at a fixed site at the Richmond Fire Station and the other in a mobile trailer housed by the Warren Fire Department. R2N also owns an Oxygen Trailer which is co-located at the Warren Fire Department. The R2N Oxygen Generation Trailer is a fully self-contained unit capable of generating and storing oxygen as well as filling cylinders. The intended use is to support oxygen dependent patients during an incident or event, lessening the burden on the healthcare system, or to support a facility experiencing a disruption of their oxygen supply.



The trailers have a MOGS100 unit that can fill cylinders sizes E and smaller (M-2 through M-24). Larger cylinders through size H (M-60 through M-250) can be filled using an accessory hose. Through the use of a manifold system, this unit can also be operated in conjunction with up to three other oxygen generation units to supply large volumes of oxygen. The R2N trailer includes a generator – two storage cylinders and fill station. It is 16' long x 8.5' wide, 12,000 lbs., 12KW diesel generator with 8-hour fuel tank.



When there is a need for the trailer(s), notification can be made to the Regional Medical Coordination Center at 248-267-0535 explaining the need. In most cases, Mr. David Vinson, the former Assistant Regional Coordinator and former MMRS coordinator will arrange for the delivery of the trailer(s).

Morgue Trailers

Two morgue trailers were provided by the Metropolitan Medical Response System and are housed at the Warren Fire Department apparatus garage.



Each of the mobile morgue trailers is a refrigerated trailer that is capable of moving fatalities from a mass fatality site, extending current morgue facility storage during a mass fatality incident, or as temporary morgue storage. Each trailer comes equipped with fold down racks that can support up to 300 pounds. Each fold down rack provides a stainless-steel body tray that can be secured to prevent movement during transport. A pulley system is installed within the trailer to assist placing each cadaver on the topmost racks.

The trailer provides front mount refrigeration, vinyl strip curtains to keep the cool air in, non-skid ribbed floor and rear ramp door. Each trailer contains a generator that can provide interior/exterior lighting however each trailer requires power from the requesting facility to power the cooling system. The pre-installed generators may power the cooling system on the trailer for a short period of time!



Parking/Storage Space Requirements

The two morgue trailers, when not in use, are stored at the City of Warren Fire Department. Region 2 North coordinates maintenance of each trailer.

The requesting facility will need to have adequate space for use of each trailer, as they are equipped with a rear ramp door.

Request Process

Requests for the refrigerator morgue trailers will be made directly to Region 2 North's 24/7 phone at 248-267-0535. Region 2 North will coordinate with the City of Warren to arrange for drop-off of the trailer(s) at the requesting facility and will provide on-site training for use of the trailers. The following information must be included with the initial request:

- Where will the trailer(s) be stored (physical address)
- How will it/they be secured
- Who is the contact person (include name, title and phone number) and same information for the person responsible for the trailer(s) while onsite
- Who will clean the trailer(s) after use?
- How and when will the trailer(s) be returned
- Explanation of power source (facility may run an outdoor extension cable or have a high-capacity generator). The generator that comes with the trailer will not power the cooling system on the trailer!

Return Process

When the requesting facility has stopped use of and cleaned the trailer(s), the requesting facility will contact Region 2 North for return. Unless otherwise determined during the request process, a Region 2 North representative will coordinate the return of the trailer(s) to the City of Warren.

Mass Casualty Trailers

R2N has seven mass casualty trailers located at various locations throughout the region. The trailers are being configured for either evacuation or Alternate Care Site planning. Once emptied, the trailers could also be used for staging or other needs. One of the trailers is already equipped with lighting, heating, air conditioning, and wiring so it could be used to assist with incident command or staging areas with another trailer planned for similar use.



Trailers at Universal Macomb Ambulance

Trailer 1 – Evacuation and Staging/Incident Command

- Pop-up canopies = 4
- Folding tables = 7
- Folding chairs = 12
- Mega Movers = 10 bags of 5 each = 50
- Wheelchairs = 2
- Dry wipe board on easel = 1
- Emergency Cones = 2
- Carton of 6 rolls of paper towels = 1
- Stools on wheels = 5
- Large 4-wheel cart = 1
- Black box contents
 - Triage tags = 100 (bar codes on them)
 - Wall clock = 1
 - 100 ft extension cord = 1
 - Fire extinguisher = 1
 - Dry wipe markets = 1 set
 - First aid kit = 1
 - Ponchos = 96
 - Triage tape bag = 1
 - Personal items R2N bags = 100
- Trailer itself has windows, heating and A/C unit, lights, flood lights, electrical hook up

Trailer 2 – Alternate Care Site Set Up

- Cots = 100
- Pop-up canopies = 2
- Folding tables = 7
- Folding chairs = 8
- Wheelchairs = 2
- Dry wipe board on easel = 1
- Emergency Cones = 2
- Carton of 6 rolls of paper towels = 1
- Stool on wheels = 1
- Black box contents
 - Triage tags = 100 (bar codes on them)
 - Emergency blankets = 100
 - Wall clock = 1
 - 100 ft extension cord = 1
 - Fire extinguisher = 1
 - Dry wipe markets = 1 set

- First aid kit = 1
- Personal items R2N bags = 100
- Incident Command Vests
- This trailer does not have extra items added to it, but when empty could provide shelter from weather.

Trailers at Medstar Ambulance

Trailer 1 – Evacuation and Staging/Incident Command

- Pop-up canopies = 3
- Folding tables = 5
- Folding chairs = 12
- Mega Movers = 10 bags of 5 each = 50
- Wheelchairs = 3
- Dry wipe board on easel = 1
- Carton of 6 rolls of paper towels = 1
- Stools on wheels = 5
- Black box contents
 - Triage tags = 100 (bar codes on them)
 - Wall clock = 1
 - 100 ft extension cord = 1
 - Fire extinguisher = 1
 - Dry wipe markets = 1 set
 - First aid kit = 1
 - Ponchos = 96
 - Triage tape bag = 1
 - Personal items R2N bags = 100
- This trailer does not have extra items added to it, but when empty could provide shelter from weather. We have requested funds to modify the trailer so it can also be used as a staging area, incident command, or at events.

Trailer 2 – Alternate Care Site Set Up

- Cots = 100
- Pop-up canopies = 2
- Folding tables = 7
- Folding chairs = 8
- Wheelchairs = 1
- Dry wipe board on easel = 1
- Carton of 6 rolls of paper towels = 1
- Stool on wheels = 1
- Black box contents
 - Triage tags = 100 (bar codes on them)
 - Emergency blankets = 100
 - Wall clock = 1
 - 100 ft extension cord = 1
 - Fire extinguisher = 1
 - Dry wipe markets = 1 set
 - First aid kit = 1

- Personal items R2N bags = 100
- This trailer does not have extra items added to it, but when empty could provide shelter from weather.

Trailers at Tri-Hospital EMS

Trailer 1 – Evacuation and Staging/Incident Command

- Pop-up canopies = 3
- Folding tables = 5
- Folding chairs = 12
- Mega Movers = 10 bags of 5 each = 50
- Wheelchairs = 1
- Dry wipe board on easel = 1
- Carton of 6 rolls of paper towels = 1
- Stools on wheels = 2
- Black box contents
 - Triage tags = 100 (bar codes on them)
 - Wall clock = 1
 - 100 ft extension cord = 1
 - Fire extinguisher = 1
 - Dry wipe markets = 1 set
 - First aid kit = 1
 - Ponchos = 96
 - Triage tape bag = 1
 - Personal items R2N bags = 100
- Traffic cones = 3
- This trailer does not have extra items added to it, but when empty could provide shelter from weather. We have requested funds to modify the trailer so it can also be used as a staging area, incident command, or at events.

Trailer 2 – Alternate Care Site Set Up

- Cots = 100
- Pop-up canopies = 2
- Folding tables = 7
- Folding chairs = 8
- Wheelchairs = 1
- Dry wipe board on easel = 1
- Carton of 6 rolls of paper towels = 1
- Stool on wheels = 1
- Black box contents
 - Triage tags = 100 (bar codes on them)
 - Emergency blankets = 100
 - Wall clock = 1
 - 100 ft extension cord = 1
 - Fire extinguisher = 1
 - Dry wipe markets = 1 set
 - First aid kit = 1
 - Personal items R2N bags = 100

- Traffic cones = 2
- This trailer does not have extra items added to it, but when empty could provide shelter from weather.

Incident Command Trailer

R2N has one incident command trailer housed at Henry Ford West Bloomfield hospital. This trailer could be used for incident command at various sites.



Volunteer Credentialing System

The R2N office houses two volunteer credentialing systems including a computer, software, and badge printer. These assets are available to use in times were volunteer management centers might be established.

R2N Sound System, Small Generators, and Radios

The R2N office has a sound system and small generators that may be used for outside venues to assist in communications. There is also a supply of family service radios that also may be used for exercises, events, or incidents. Requests for these assets should be made through the R2N Regional Coordinator or Assistant Coordinator.

A5b. Pediatric Medical Surge Plan

Click on document box below for Pediatric Surge Annex.

Michigan Region 2 North Healthcare Coalition Pediatric Surge Annex

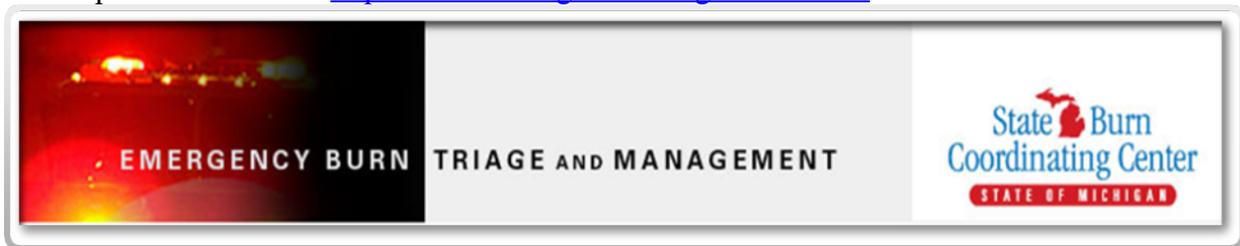
Version 2 - December 29, 2020



A5c. R2N Mass Casualty Incident Burn Plan – (The R2N Burn Annex is aligned with the Michigan State Burn Plan – Specifics to the Region are covered in this annex)

This annex provides guidance to support a burn mass casualty incident (BMCI) in which the number and severity of burn patients exceeds the capability of the Region 2 North HCC member facilities. The annex is used in conjunction with the State Burn Plan which identifies the experts and specialized resources that exist within and external to the Region 2 North Healthcare Coalition that must be engaged in a mass burn response, and the mechanisms/ processes that will be used to determine which patients go to which facilities.

The Bureau of EMS, Trauma & Preparedness, in conjunction with the University of Michigan Burn Center, have created The State of Michigan Burn Mass Casualty Incident (BMCI) Surge Plan. This plan is reviewed at least annually. The plan is available at the State Burn Coordinating Center (SBCC), the R2N office, and the Division of Emergency Preparedness and Response. The State Burn Coordinating Center (SBCC) hosts meetings quarterly to continuously review training and response updates and needs. The SBCC also hosts burn response training to help with the need to have 15 nurses and 5 physicians trained in each burn surge facility. The SBCC also has an updated website with training and response resources: <http://www.michiganburn.org/index.shtml>



State Burn Coordinating Center (SBCC)
Phone #: 734-936-2876
Fax #: 734-232-4892

The link for the plan is: [**BURN MASS CASUALTY INCIDENT \(BMCI\) SURGE PLAN**](#)

R2N has two hospitals, as part of the plan, with trained staff to act as Burn Surge Facilities when the MCI has a significant number of burn victims.

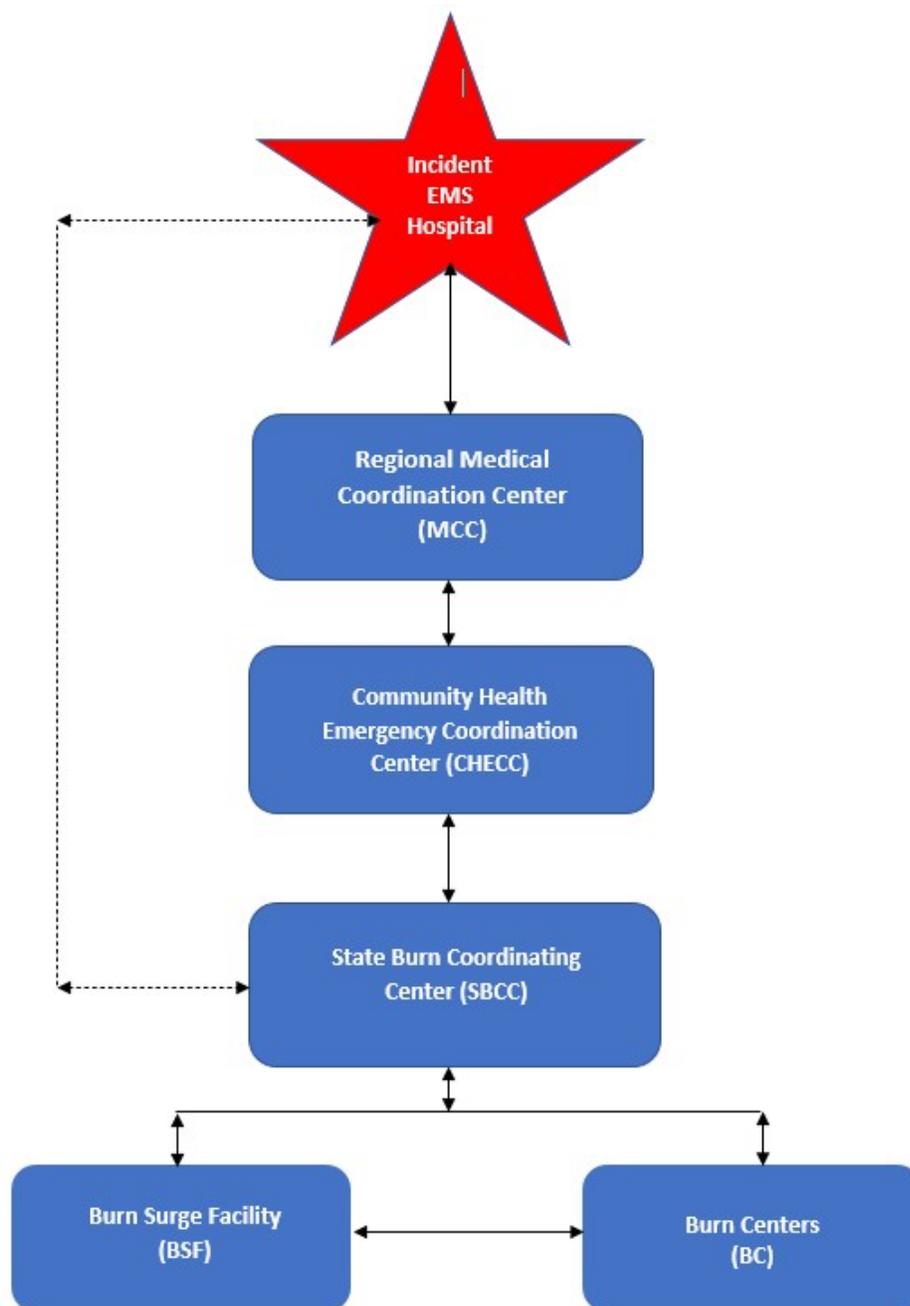
These two facilities are:

Beaumont Royal Oak Hospital
3601 W. Thirteen Mile Rd
Royal Oak, MI 48073

McLaren Oakland Hospital
50 North Perry Street
Pontiac, MI 48342

In a mass casualty incident with burn surge needs, the R2N Medical Coordination Center will assist in communications and coordination, usually after the initial incident response. The R2N RMCC 24/7 contact number is 248-267-0535.

Simplified Burn Mass Casualty Incident Surge Activation Algorithm



Concept of Operations

In the event of a BMCI, the two R2N Burn Surge Facilities should plan to provide initial treatment and stabilization for burn victims triaged as meeting the criteria for a referral to a burn center. This planning should incorporate the development of non-traditional burn bed resources to include:

- Initial and ongoing training in burn triage
- Categorization of injuries
- Patient care

- Supply caches capable of supporting patient care for at least 72 hours

In order to successfully create an operational statewide plan, four basic premises must be uniformly understood and incorporated into each response plan for BMCIs. The four basic concepts of operational importance are:

1. Regional MCCs which serves as a Multi-Agency Coordination System (MACS) within each HCC to support the burn centers, BSFs and local EOCs.
2. Utilization of the State Burn Coordinating Center.
3. Maximum utilization of the state's six burn centers.
4. Establishment of regional Burn Surge Facilities.

These defined resources will support each region's ability to coordinate regional care and movement of burn patients during a BMCI. Once the regional MCC has determined the scope of the BMCI and the needs of the patients, they will contact the CHECC to provide pertinent information and seek assistance. This may include a request for support to coordinate the care and placement of the burn patients. Essential Elements of Information (EEI) may include:

- Number of patients impacted (may be an estimate).
- An EMResource bed query being initiation.
- Status of any communications from the local EOC about medical health needs (as available).
- The status of the regional MCC activation indicating current staff and any other information which may be pertinent to the incident.

Upon notification the CHECC will evaluate the incident based on information provided through local and regional partners and the potential to have a statewide impact. The CHECC would activate and proceed with further state level communications including the State Emergency Operations Center. The decision to activate the BMCI plan will be based on multiple factors including the number of patients impacted, severity of injuries and burn center bed availability. The CHECC will be in communication with the SBCC, who will assess the status of burn bed capacity statewide. After incident data has been reviewed, the CHECC would continue communications with the regional MCC to discuss activation the State of Michigan MCI Burn Surge Plan.

With activation, the CHECC and the SBCC will formalize communications. The SBCC will identify stages based on:

Burn Stage I

Any event in which local trauma/burn resources are overwhelmed with patients (example: 10-24 patients).

Burn Stage II

Any event in which regional trauma/burn resources are overwhelmed with patients (example: 25-100 patients).

Burn Stage III

Any event in which state trauma/burn resources are overwhelmed with patients (example: Exceeds 100 patients).

- Location of Incident

- Medical Needs of the Patients
- Bed Availability
- Transport Time

Once the BMCI plan is activated, the decision to activate a BSF is based on criteria outlined in the State plan (Please refer to the State Plan for the rest of the plan [BURN PLAN LINK](#)).

R2N Burn Surge Considerations:

- The R2N Medical Coordination Center will assist the Medical Control Authorities on notification and patient transport essential elements of information. However, this step only takes place after the RMCC is notified, which might not be immediately after the burn incident.
- EMS will do their best to transport the patients to the correct location. However, a secondary transport will be needed in many cases in a burn mass casualty incident.
- Pediatric patients are a specific concern. However, the Beaumont Royal Oak facility is a Trauma Level II hospital for pediatrics and is also one of the two burn surge facilities, which will be beneficial in a pediatric mass casualty burn incident.
- Special assistance might be needed for helping with documentation of patient location and family reunification in a mass casualty burn incident, especially if patients are transported outside of the EMS ambulance system.

A5d. Family Reunification

R2N has not developed a regional family reunification plan. We work with our partners on regional responses for family reunification including:

- Local Homeland Security and Emergency Management
- Local Public Health
- The American Red Cross
- Local Hospitals

The R2N Medical Coordination Center will work with local partners on communications and coordination activities, including the use of regional assets and the Juvare EMTrack system when appropriate.

A5e. Special Populations

Depending on the disaster, some special populations may be impacted to a greater extent. For example, a pandemic strain may impact the elderly or the pediatric populations more than others. Some disasters have a greater impact on those with medical equipment in the home that could dramatically impact life safety.

The Region 2 North Healthcare Coalition will work collaboratively to monitor special populations using all tools available. Some of the tools include:

- The emPOWER data on Medicare and Medicaid clients using medical dependent equipment
- The HazPop and/or other apps that help define population centers
- Communications with Hospice and Home Health organizations on the status of their patients
- Working with the Long-Term Care partners on their residents
- Monitoring hospitals for impact and special population needs
- Monitoring the R2N Trauma Network to gather information
- Working with local jurisdictional authorities on special population needs, including language, transportation, homeless, etc.
- Working with incarceration facilities on special needs including PPE
- Partnering with the Red Cross and other Volunteer Organizations Active in Disasters when appropriate
- Working with Community Mental Health authorities on behavioral health needs as appropriate
- Providing information to Pediatric Champions to assist in preparedness and response for the pediatric populations

A5f. Behavioral Health

R2N has a community behavioral health workgroup that includes the behavioral health hospitals. At times of disaster response, this workgroup will help coordinate local resources and additional needs.

Lessons learned from prior disasters stresses the importance of behavioral health support for first responders and first receivers, as well as families and others impacted by the disaster. When these occur, the R2N Regional Medical Coordination Center may be used to help communicate and coordinate specific or general behavioral health needs, working with our regional and state partners.

A5g. Evacuation Plan

Each healthcare facility is responsible for their own evacuation plan. R2N has regional assets that may be used to provide assistance and support when evacuations are need. See the resources in section A5a. for more details.

When an evacuation is needed, the R2N Medical Coordination Center (RMCC) may be activated to help with communication and coordination of needs and resources including the use of the Juvare EMResource system for potential hospital bed availability, EMTrack for patient tracking, and the Michigan Health Alert Network for communications and situational awareness. The RMCC may also be used to update the status in the MICIMS system for situation awareness.

When requested, members of the RMCC may deploy to local emergency operations centers to assistance.

A5h. Alternate Care System

Alternate Care Centers or Alternate Care Sites may be used at times of disasters and often depend on the types of disasters. Usually, the site is temporary in nature with minimal staffing and equipment needs. Examples include use of space in a healthcare facility due to an internal flood or other short-term cause.

When a disaster is large and the need for the ACC is more intense, processes are in place to help make decisions on locations and procurement of assets:

- Local Jurisdictional Authorities may be activated to help with the use of permanent structures as temporary facilities (schools, churches, gyms, convention centers, etc.)
- The State Emergency Operations Center may be used to help with resources when the need for the alternate care system is beyond the resources of the local emergency management organizations (example is the use of the Suburban Collection Showplace as the ACS during COVID).
- Hospital Executives and the Incident Command System may be used for internal uses
- Volunteer organizations may provide assistance (American Red Cross)
- The Community Health Communications and Coordination Center (CHECC) may provide assistance, including the use of the MITESA transportable emergency surge assistance assets
- R2N trailers with cots, ZUMRO tents, and other supplies may be used to help support ACCs (see surge assets section in A5a for more details).



A5i. National Disaster Medical System

The National Disaster Medical System (NDMS) is an integrated and coordinated National medical response capability for assisting Federal, State and local authorities in dealing with the medical effects of a major disaster when patients are evacuated from a disaster area to designated locations for definitive medical care. It also may be used as support to the military in caring for military and/or civilian casualties evacuated back to the U.S. from overseas armed conflicts.

The NDMS statute provides that the NDMS shall be a coordinated effort by the NDMS Federal Partners, working in collaboration with the States and other appropriate public or private entities, to provide health services, health-related social services, other appropriate human services, and appropriate auxiliary services to respond to the needs of victims of a public health emergency and be present at locations, and for limited periods of time, when such locations are at risk of a public health emergency during the time specified.

It is a nationwide network of voluntary, pre-identified, non-Federal acute care hospitals and providers of medical care and treatment that are capable of providing definitive medical care for the victims of domestic disasters that exceeds the medical care capabilities of the affected local, state, or Federal medical system.

The NDMS includes:

- The medical response in the form of teams, supplies, and equipment. Providers report the number of beds available when requested to support NDMS (exercises or actual operations) and then make those beds available to the NDMS for patients in real-life events,
- The transportation to return patients to their originating facility or other location as appropriate,
- The definitive medical care at participating pre-identified, volunteer, non-Federal hospitals and medical providers in unaffected areas, and
- The reimbursement process, subject to the availability of appropriations.

The NDMS Memorandum of Agreement (MOA) is a contract between the volunteer hospital and the NDMS Federal Partners which includes the Department of Health and Human Services (HHS), the Department of Homeland Security (DHS), the Department of Veterans Affairs (VA), and the Department of Defense (DoD).

Coordination for the NDMS response starts with the Michigan Department of Health and Human Services, Division of Emergency Preparedness and Response and the Michigan NDMS Coordinator. Mr. Kenneth Bresnan is the Area Emergency Manager and NDMS Area Coordinator for the Department of Veteran Affairs in Michigan. His contact information is:

Kenneth Bresnan
Kenneth.bresnan@va.gov
313-347-5347 (mobile)

The Healthcare Coalition Medical Coordination Center will play a critical role in the communication and coordination in exercises or actual response. They will work with the NDMS coordinator on keeping track of the signed MOAs in their region and assist in bed availability reporting, communication and coordination of actual response, and communication between the local responders and the State Community Health Emergency Coordination Center.

It is anticipated that an NDMS Activation involving Coordinated Federal Patient Movement into the Michigan catchment area, would involve a Federal Mission Assignment to the State of Michigan. Incoming NDMS patients and attendants would be regulated to Michigan, through the Department of Defense Global Patient Movement Requirements Center (GPMRC). The MDHHS, and its Healthcare Coalitions, in coordination with local Emergency Management Agencies, the local Medical Control Authorities and participating Emergency Medical Services (EMS) Agencies, would assist the Veterans Affairs Medical Center (VAMC)/NDMS Federal Coordinating Center Detroit to receive incoming patients at an established Patient Reception Site (PRS). This would include tracking and referring those NDMS patients for treatment to participating medical providers (hospitals and healthcare systems) as appropriate until the end of the incident; patient discharge and eventual repatriation.

A6. Infectious Disease / Pandemic Plan

A6.a. Infectious Disease / Pandemic Plan

R2N healthcare facilities have their own infectious disease and pandemic plans. We have discovered that many of these plans needed to be updated, based on the actual COVID-19 ongoing response, as many did not include the supply chain interruption on a global incident for an ongoing period. Healthcare facilities, local jurisdictions, the state, and R2N have expanded our resources of PPE and will continue to evaluate response needs.

We now have to adjust the plan to anticipate the needs of the small, stand-alone healthcare facility types, dentists, home health, etc. as they do not have the resources to maintain a large quantity of PPE or other response assets.

Another lesson learned is the importance of constant, sometime hourly or daily, communications on situational awareness if the medical response surge is so great it is beyond the capabilities of the responding agencies.

The R2N Medical Coordination Center (RMCC) is prepared to offer assistance, in collaboration with the jurisdictional authorities as a Multiagency Coordination Group in support of the response. We will provide situational awareness to our partners using the various tools outlined in other parts of this document.

The RMCC will also provide response assistance to the best of our ability, again using the resources outlined in this document. This will be done, even if we do not “officially” activate the RMCC using the support of the R2N staff and others.

We will continue to work on creating a more complete infectious disease plan.

The MDHHS Pandemic Response Plan can be found on the MDHHS website at:

https://www.michigan.gov/documents/michiganprepares/MDHHS_Pandemic_Plan_December_2020_Final_Draft_710679_7.pdf

A6.b Special Pathogen Response Network

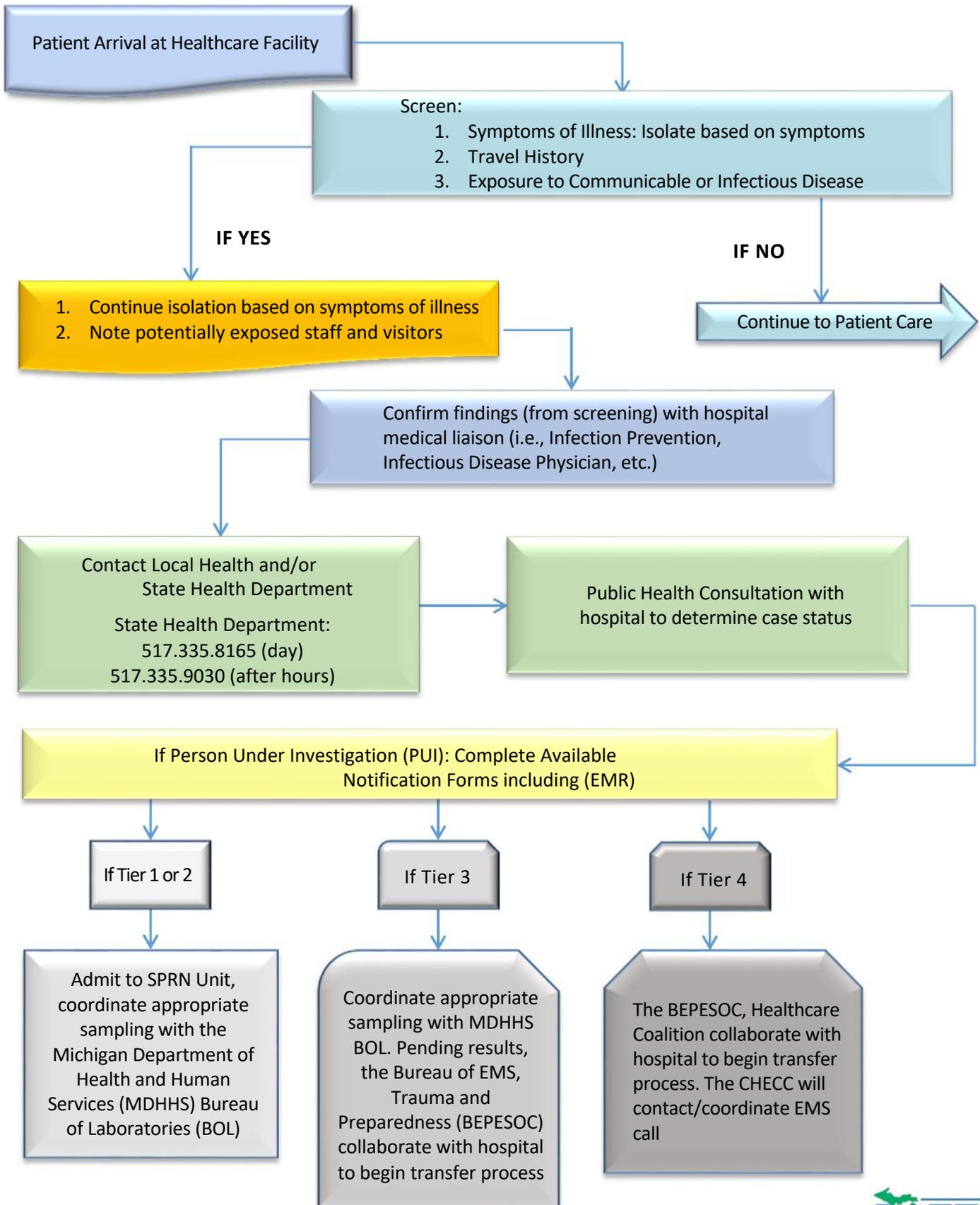
R2N is part of the Michigan Special Pathogen Response Network. This network involves specially trained leadership at the Division of Emergency Preparedness and Response (DEPR) in Lansing. They help coordinate planning and response at times of special pathogen response.

The R2N response network includes:

- The R2N Medical Coordination Center
- Hospital Response
 - St. Joseph Mercy Oakland is a Tier 2 facility that can treat patients
 - Other Tier 1 hospitals are identified in other regions
 - Other R2N hospitals are Tier 3 or Tier 4, which means they will transfer a patient either immediately or shortly after arrival

- Emergency Medical System Transport Response
 - Medical Control Authorities protocols
 - SPRN Casualty Transport Agencies
 - Star EMS
 - Medstar Ambulance
 - Superior Ambulance
- Local Health Departments to monitor activity and help with communication and coordination, including Public Information
- Local Emergency Management agencies to monitor activity and help with communication and coordination, including Public Information
- Michigan State Police District Representative
- Personal Protection Equipment caches at hospitals, EMS, and stored locally
- Communication systems
- Training and exercises

Special Pathogen Response Network Hospital Notification Algorithm



A7. Radiation Plan

7.1. Introduction

7.1.1. Purpose

This R2n HCC annex provides guidance to support a coordinated healthcare coalition response to a radiation emergency in which the number and severity of exposed or possibly exposed patients challenges the capability of HCC member facilities. The annex outlines specific incident response, treatment, and response protocol necessary to properly plan for, manage, and care of patients during a regional radiological emergency.

Radiation emergencies could be a nuclear bomb (nuclear explosion) or a radiological event, such as a nuclear power plant incident or a radiological dispersal device (dirty bomb).

A **nuclear** incident involves nuclear fission (splitting of atoms) and a highly destructive explosion that leaves large amounts of radioactivity behind. Affected individuals sustain extensive thermal burns, trauma, blindness, and short- and long-term radiation sickness.

Radiologic events are defined as those that involve the release of radioactive materials into human-populated areas (without a nuclear explosion), where panic and environmental contamination, but not necessarily human injury, are significant hazards. (from BDLS course manual 7.3).

This Annex does not replace other local, or county emergency operations plans or procedures, but rather builds upon their existing plans and annexes.

7.1.2. Scope

This plan is for the R2N HCC which covers Macomb, Oakland, and St. Clair Counties in Southeast Michigan. The list of HCC partners is in the preparedness plan in this document. This plan will follow the general communication and coordination items described in the general response plan in this document (the base plan).

This plan does not cover HCCs with nuclear powerplants as they will have their specific plans for those jurisdictions. This plan also does not cover the Michigan Department of Health and Human Services specific radiation emergency response plan nor the Michigan State Police and the State Emergency Operations Center. However, the R2N HCC Medical Coordination Center will be communicating with those organizations as describe in the base response plan.

7.1.3. Assumptions

- Radiation incidents may be accidental in nature (e.g., industrial and transportation accident) or purposeful, and may require prolonged response and extensive resource management challenges.

- This annex does not replace the need for protocols at each hospital and EMS agency.
- The roles and responsibilities of agencies and organizations will change depending on the severity and scale of the incident and the respective level of activation by impacted jurisdictions and should be defined using NIMS and Incident Command principles.
- Federal, state, and local emergency resources will all be needed during a large-scale event.
- Contamination assessment, proper PPE utilization, and decontamination efforts will be essential in protecting coalition partners, staff, and the public.
- Fear from the incident may cause a worried well surge to the emergency departments and pharmacies. Public information and communications may be very beneficial to reduce public anxiety and will require multi-modal solutions.
- Federal resources should not be expected in the first 72 hours of a response.
- Management of contaminated waste from decontamination efforts should be managed in consultation with subject matter experts, the Environmental Protection Agency, and local water authorities.

7.2. Concept of Operations

7.2.1. Activation

Initial response will begin locally. As the incident evolves and resources are overwhelmed, this plan should be activated using the R2N Medical Coordination Center communications processes in the base plan.

Since large-scale radiation incidents are so rare in R2N, special considerations should be made in capturing the essential elements of information to share with partners, first responders, first receivers, and jurisdictional authorities. Other partners with special response capabilities for radiation incidents should also be notified of an activation of this plan.

7.2.2. Notifications

Notifications should include all key partners including:

- Local emergency management
- Local public health
- Local Medical Control Authorities (EMS communications through them)
- R2N hospitals
- R2N epidemiologist
- R2N Medical Director
- R2N staff
- R2N Michigan State Police District Coordinator
- R2N Trauma (Systems of Care) Coordinator
- State Community Health Emergency Coordination Center (24/7 duty officer)
- Other Regional Coordinators

7.2.3. Roles and Responsibilities

- First Responders and First Receivers should use their protocols for use of proper PPE and the use of existing decontamination facilities or equipment.
- Existing detection equipment should be used including screening devices or radiation detectors.
- Each impacted hospital should activate their response protocols as needed for the incident.
- If needed, subject matter experts will be utilized for radiologic event response.
- If a large-scale incident occurs in regions with nuclear power plants, R2N will communicate for situational awareness or the impact of ambulatory victims showing up at R2N hospitals or needing EMS transport.
- Recognizing that the incident might be a terrorist attack, law enforcement will have a key role in the response and recovery operations.
- If needed, the crisis standards of care guidelines should be used as guidance at hospital or other incident command centers.
- Public Health and Emergency Management will have the key role in Public Information using their Public Information Officers. This will include monitoring of social media and news outlets.

7.2.4. Logistics

Identification of available response resources, either in R2N or at other coalitions, the State, or other response agencies may be critical for a quick response. Most jurisdictional requests will be monitored and administered using the state MICIMS. The R2N HCC staff can enter updates from healthcare partners into the system to help facilitate needs or situational awareness. Most of the procedures for communications and coordination will follow the basic concepts in the base response plan.

7.2.4.1. Space

Healthcare facilities will utilize their plans for the use of space, decontamination tents or rooms, and logistics for where to enter the facility and security. If needed, R2N assets may be used including the response trailers with cots or outside incident command or staffing needs. The R2N MCC could also help facilitate movement of other regional assets from areas not impacted in the response to assist in space needs.

Jurisdictional authorities will be responsible for any community space needs during the response or recovery phases.

7.2.4.2. Staff

Hospitals should utilize their existing radiation safety/nuclear medicine personnel to assist in critical decision making and response coordination. Personnel might be in unfamiliar roles because radiologic incidents are rare in R2N.

R2N could assist in leveraging staff from the Radiation Injury Treatment Network (RITN) medical centers, pediatric critical care hospitals, or other major medical centers.

Karmanos Center Institute in Detroit (Adult)

Corewell Health in Grand Rapids (Pediatric/Adult)

Depending on the response needs, the MI-Volunteer Registry could be used and facilitated by the R2N staff.

7.2.4.3. Supplies

The R2N MCC could be used to enhance supply needs. Available R2N response supplies include detection and dosimetry equipment at hospitals, decontamination equipment and supplies.

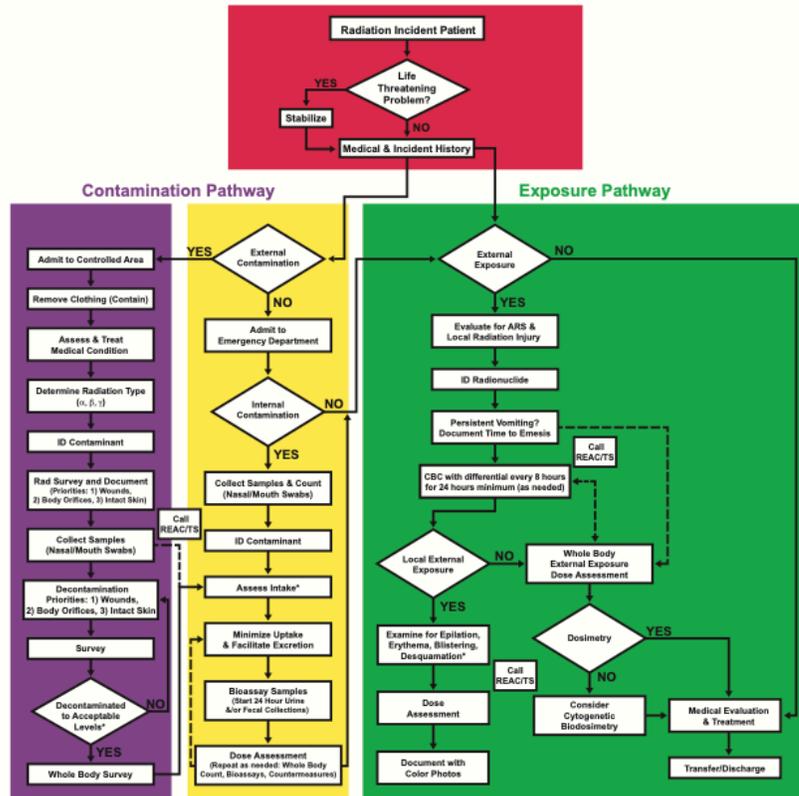
Requests for additional supplies would follow processes outlined in the base response plans.

7.2.5. Operations – Medical Care

Hospitals and EMS are responsible for protocols for medical care. This section only covers specifics related to radiation response at a regional level. Limiting exposure and avoiding breathing radiological dust that may be released in the air can be accomplished through:

- Shielding – putting a barrier between the radioactive materials and the victims
- Distance – the farther away you are from radioactive materials the lower the exposure.
- Time – minimizing time spent near radioactive materials.

The chart is for illustrative purposes on radiation patient treatment. Each healthcare facility should follow their own processes.



Radiation Emergency Assistance Center/Training Site (REAC/TS)
 After Hours Emergency Assistance
 US Department of Energy Oak Ridge Operations Center: 865.576.1005
 Phone: 865.576.3131 - orise.ornl.gov/reacts



* Further guidance and information may be found on the REAC/TS website.

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7.2.5.1. Triage and Screening

First responders normally handle the triage and screening at the scene. First receivers will handle the triage and screening at the hospital. Since radiation exposure is an unusual incident in R2N, these processes should include exposure and symptom triage and screening. In cases of a nuclear detonation, experts can provide additional screening criteria including the use of limited medical countermeasures.

Depending on the size of the incident, the use of existing systems and processes for transport informed decisions are outlined in the base response plan including the use of EMResource, the MIHAN, or R2N radios.

7.2.5.2. Patient Care/Management

The R2N MCC can be used for assistance in communications with experts on patient care/management following the protocols in the base plan. Depending on the scale of the incident, this may include patient tracking, documentation, communications of situational awareness, or setting up meetings for sharing of expert information including conference calls or Zoom/Teams virtual meetings.

The need for palliative care during a large-scale incident may also be facilitated using these communications protocols.

7.2.5.3. Treatment

R2N does provide general overviews of radiation treatment protocols through training classes include Basic Disaster Life Support. During an actual response to an incident, it might be important to remind responders or provide just-in-time information using procedures identified in the base response plan. If needed, the R2N MCC can facilitate communications and coordination of just-in-time information from experts using emails, websites, MIHAN alerts or virtual training sessions. This could also include information on waste management best practices or requirements.

7.2.5.4. Safety and Control Measures

Limiting exposures and avoiding spread of radioactive/contaminated materials alongside deeper understanding of the time/distance/shielding principles to reduce dose rates are critical in a radioactive response. The R2N MCC can facilitate just-in-time sharing of information. Emergency management and public health can work with public information officers for public communications.

7.2.5.5. Fatality Management

Normal fatality management is handled at the hospital or jurisdictional level. In a large-scale radiological incident where fatalities overwhelm the systems, the R2N MCC can help in coordination of remains management working with local medical examiners and potentially MI-MORT at the state level.

7.2.5.6. Transport

Depending on size of the incident and number of victims needing transport, the R2N MCC may assist in help with load-leveling strategies to areas not impacted by the incident. Safe inter-facility transport of stable, unstable, and potentially unstable or contaminated patients should be considered. The Medical Control Authorities would aid as well as the State EMS office if needed.

7.2.5.7. Surveillance, Tracking, and Situational Awareness

The R2N MCC may help in the surveillance, tracking, and situational awareness for various partners using available systems including MICIMS, EMResource, MIHAN,

and email communications. If needed, a quick Zoom or other virtual meeting can be established for operational period situational awareness using procedures in the base plan. If family reunification centers are established, the R2N MCC may help in communication with various partners.

7.2.5.8. Rehabilitation, Outpatient Follow-Up Services

Normally healthcare facilities would use their own systems and processes for rehabilitation and outpatient follow-up services. If requested, the use of patient tracking in EMTrack may aid.

7.2.5.9. Deactivation and Recovery

If this annex is activated in a response, the deactivation and recovery processes would start at the beginning. Decisions to formally deactivate this annex would be made in conjunction with appropriate partners as described in the base plan. The R2N MCC will provide information for documentation as requested which might include published after action reports, MICIMS records, or other methods. Recovery of R2N assets used in the response will be reviewed at that time.

7.2.6. Special Considerations

7.2.6.1. Behavioral Health

During the response and recovery to a radiation incident, behavioral health services for patients, caregivers, and providers will be needed with emphasis on radiation survivor support and radiation counseling that could include telehealth options. The R2N MCC may provide contacts or resources to providers as requested and available.

7.2.6.2. Pediatric and At-Risk Populations

The R2N MCC may be used to provide information or collaboration when special populations are impacted. Healthcare providers already have their plans for pediatric, language barrier, pregnant women, etc. and will follow those procedures. If the scale of the radiological incident is large or has a dramatic impact on a special population or community, the MCC may be used to help with communication, coordination, or collaboration.

7.2.6.3. Communications

The procedures for streamlined communications from or to the R2N MCC are covered in the base response plan. The MCC will share operational updates when activated and specific radiological response information when applicable. Subject matter experts would be used to provide proper clinical guidance or triage protocols.

A8. Chemical Plan

R2N is working on a detailed Chemical Response annex. While in development, we do have training and plans already in place including:

- CHEMPACK strategically located in the region that are maintained and ready for use (see state CHEMPACK plan for more detail)
- Basic Disaster Life Support training classes covering just the basics for potential first responders in facilities
- The 51st Weapons of Mass Destruction membership on the R2N Planning Board
- Trained EMS/Fire Departments in the region
- Personal Protection Equipment at hospitals and decon tents
- Coordination of training at the Center of Domestic Preparedness, including train the trainer support

A9. Volunteer Management

Hospital Disaster Volunteer Management Credentialing Guidance

The Michigan Department of Health and Human Services (MDHHS) Bureau of EMS, Trauma and Preparedness (BEPESOC) developed Michigan Hospital Disaster Volunteer Management Credentialing Guidance to address the use of volunteers, essential in an emergency where personnel with varying levels of skills and training are needed to fill surge capacity and provide needed medical expertise. Through advance registration and planning; volunteers can be vetted, trained, and mobilized more effectively to support emergency response efforts.

The Joint Commission (TJC) Emergency Management (EM) standards recognize the potential problem of regular employees being unavailable for work during emergency incidents. These standards address the hospital's ability to utilize volunteer Licensed Independent Practitioners (LIP) and other licensed volunteers during an emergency. Centers for Medicare and Medicaid Services (CMS) Participating Providers and Suppliers Final Rule for Emergency Preparedness also require facilities have policies and procedures in place to address the use of volunteers in an emergency. Such policies should address the process and role for healthcare professionals, such as those mobilized through a state Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) system, known in Michigan as the MI Volunteer Registry.

This document addresses the various stages of managing volunteers during an incident from pre-deployment through demobilization. Facilities having access to pre-credentialed hospital ready volunteers and a well thought out staffing plan are better positioned to respond to an emergency requiring medical resources and to supplement efforts of the existing, limited healthcare workforce.

This document is reviewed periodically and posted on the Michigan Health Alert Network Document library and is available for healthcare facilities to use as guidance for their own plans.

The R2N office houses two volunteer credentialing systems including a computer, software, and badge printer. These assets are available to use in times were volunteer management centers might be established.

A10. Fatality Management

Michigan Mortuary Response Team (MI-MORT)

A significant mass casualty event is a challenge for any community. If a mass casualty incident occurs that overwhelms local resources, the Michigan Mortuary Response Team (MI-MORT) can provide assistance to medical examiners, public health, and emergency management. The response team is comprised of diverse professionals including forensic pathologists, dentists, anthropologists, funeral directors, x-ray technicians, and many others. This team, when activated, provides technical assistance to local and regional jurisdictions to recover, identify, and process deceased victims in a dignified manner. An additional MI-MORT resource is the Disaster Portable Morgue Unit which contains the equipment and supplies necessary to initiate operations of a fully functional morgue when needed.



The trained staff of the MI-MORT group has a detailed operations manual and would be a resource to a R2N response if requested by a Medical Examiner in our region.

R2N Morgue Capacity Assets

R2N has a morgue trailer and the MMRS morgue trailer is also available. These are stored at the Warren Fire Apparatus Garage and more information is available in the Surge Assets section A.5.a.

R2N COVID Mass Fatality Plan

Surge Plan to Manage Multiple Fatalities During the COVID-19 Pandemic

Region 2 North Healthcare Coalition

Oakland County Medical Examiner's Office

Macomb County Medical Examiner's Office

St. Clair County Medical Examiner's Office

January 31, 2022

Release Version 6

Questions on this document should be sent to Rick Drummer at rdrummer@region2north.com or 248-759-4748 (Office)



A11. Memorandums and Agreements

REGION 2NORTH HEALTHCARE COALITION CASUALTY TRANSPORTATION SYSTEM ACTIVATION GUIDELINE

This Casualty Transportation Activation guideline documents the activation guideline between the agencies listed below:

R2N Healthcare Coalition Casualty Transportation System Providers:

Alliance Mobile Health, Inc.
Community EMS, Inc.
Huron Valley Ambulance
Medstar Ambulance
Star EMS
Superior Ambulance
Tri-Hospital EMS
Universal-Macomb Ambulance

R2N Emergency Operation Centers:

Macomb County Emergency Management & Communications
Oakland County Homeland Security and Emergency Management
St. Clair County Homeland Security and Emergency Management

R2N Regional Medical Coordination Center:

With this guideline, listed Ambulance Companies and/or Emergency Medical Service Agencies agree to participate in the Casualty Transportation System (CTS) in those circumstances where the CTS is activated by an authorized County Emergency Management Agency.

The Region 2 North Casualty Transportation System is defined in the regional Modular Emergency Medical System (MEMS) operational plan as follows:

Casualty Transportation Systems (CTS)

“Casualty Transportation Systems are used to provide inter-facility transportation of patients within the components of the MEMS model (Alternate Care Centers, Hospitals, and Neighborhood Emergency Help Centers). For example, they may be utilized to transport patients out of existing hospitals to other facilities in order to free up bed space for casualties requiring hospitalization in an acute care facility.”

Refer to the R2N MEMS operational plan for further definitions of CTS responsibilities and service delivery expectations.

For activation to take place, it is understood that:

1. All requests for a disaster support ambulance service shall come from the County Emergency Management Office Emergency Operations Center (EOC). Requests for CTS services from outside of Region 2 North will still go through the local County Emergency Operations Center activated, either fully or partially, to support the event outside of the region.
2. Charges for requested life support services provided may be billed and collected by the ambulance operation agency by any or all of the following methods:
 - o Billing for service to a typical third-party payee;

- Direct bill to patient;
- Agreed reimbursement from responsible party(ies) and/or relevant 'disaster' declarations.

It is understood by all parties that appropriate reimbursement rates will be established and reviewed if the agencies sign a county agreement ahead of the disaster.

For Federally Declared Disasters where reimbursement agreements are for services requested by FEMA:

Remuneration rates will be based on the published equipment and personnel rates established by the Federal Emergency Management Agency (FEMA). The CTS agency that agrees to activate in a Federally Declared Disaster is responsible to make sure the FEMA rates are clearly identified and agreed upon. (FEMA site for ambulance says: "Private for-profit ambulance providers are not eligible for direct reimbursement from FEMA. The State, local or tribal government that contracted with the private ambulance providers may submit a claim for reimbursement to FEMA. Reimbursement will be subject to cost sharing requirements. See 44 CFR §206.203(b)."

For Locally Declared Disasters where services are requested by Emergency Management without FEMA reimbursement:

If the County Emergency Management and the LSA company already have an existing emergency services vendor agreement signed, it could be used. If there is not an existing emergency services agreement, the CTS agency and the entity requesting/requiring transport should reach an agreement on reimbursement process prior to activation.

For State Declared Disasters, outside of Region 2 North, where services are requested by another region or the State Emergency Management without FEMA reimbursement:

If there is not an existing emergency services agreement, the CTS agency and the requesting agency should reach agreement on any reimbursement process prior to activation. To learn more about the Emergency Management Assistance Compact (EMAC) go to <http://www.emacweb.org/>. To learn more about the inter-state and the Michigan Emergency Management Assistance Compact (MEMAC) go to https://www.michigan.gov/msp/0,4643,7-123-1593_3507-9460--,00.html

3. Life Support Services provided shall follow all policies and protocols of its home Medical Control Authority.

Hospital Cooperative Agreement



Region 2 North Healthcare Coalition

Serving Macomb, Oakland, and Saint Clair Counties

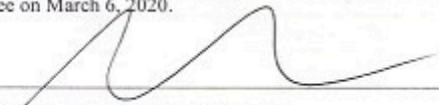
REGION 2 NORTH HEALTHCARE COALITION HOSPITAL COOPERATIVE AGREEMENT

This document is a voluntary Hospital Cooperative Agreement among hospitals to provide mutual aid at a time of disaster in accordance with relevant emergency preparedness plans. As hospital members of the Region 2 North Emergency Preparedness Planning, we agree to support medical and coordination activities in collaboration with appropriate emergency management, health department, medical control authorities and the regional medical coordination center. The following hospitals also agree to assist each other in the event of mass casualty incident or other major healthcare emergency to the best of their abilities, as we provide healthcare to the communities we serve:

HOSPITAL	REPRESENTATIVE	PHONE NUMBER
Ascension Macomb Oakland Hospital – Warren Campus	Julia Reinhardt Marino	586-854-0241
Ascension Macomb Oakland Hospital – Madison Heights Campus	Julia Reinhardt Marino	586-854-0241
Ascension Providence Hospital - Novi	Dustin Perugi	313-802-5966
Ascension Providence Hospital - Southfield	Dustin Perugi	313-802-5966
Ascension Providence Rochester Hospital	Megan Siemiantkowski	810-282-8686
Ascension River District Hospital	Anders Wisdom	313-802-6118
Ascension St. John Hospital Health Center – Macomb	Anders Wisdom	313-802-6118
Beaumont Farmington Hills	Keith Ciaramitaro	248-444-1542
Beaumont - Royal Oak	Judy Wheeler	248-898-9082
Beaumont - Troy	Leigh Grzywacz	248-964-5102
Behavioral Health Center of Michigan	Jason Berenstein	586-733-0635
Henry Ford Medical Center - Sterling Heights	Dennis Whittie	586-977-6214
Henry Ford Macomb Hospital - Clinton Twp.	Anthony Slongo	586-203-5268
Henry Ford West Bloomfield	Chris Jodoin	248-444-5448
Henry Ford Kingswood Hospital	Mike Gentile	248-398-3200
Huron Valley – Sinai Hospital	Samyah Mogalli	313-999-8561
Lake Huron Medical Center	Dyanna Oginsky	810-216-1499
McLaren Clarkston	Patrick Milostan	248-338-5331
McLaren Macomb	Bruce Anderson	586-493-8554
McLaren Oakland	Patrick Milostan	248-338-5331
McLaren Port Huron	William McArdle	810-989-3594
Straith Hospital	Parmelle Bodley	248-357-3360
Surgeons Choice Medical Center	Michael Welby	248-423-5102
Pontiac General Hospital	Damon Harney	248-857-6720
Select Specialty Hospital – Macomb	Rick Schoder	586-944-7084
Select Specialty Hospital – Pontiac	Peggy Kingston	248-452-5206
St. Joseph Mercy Oakland	Pam Wietecha	248-758-7043

Approved by Region 2 North Hospital Advisory Sub-Committee on March 6, 2020.


Hospital Advisory Committee Chair


Region 2 North Medical Director

A12. Member Capability Chart

Region 2 North Hospital Capability Typing, Trauma Level, Heliport, Other Information							
County	Hospital	Michigan Hospital Disaster Preparedness Capability Guideline Type	Trauma Level	Number of Staffed Beds	Burn Surge Facility	SPRN Tier	Does Hospital have a Heliport?
Macomb	Ascension Macomb Oakland Warren Campus	3	3	411		4	Yes
	Ascension St. John Medical Center - Macomb Twp.	6		0		4	Yes
	Beaumont Emergency Center Lenox	5		0			No
	Behavioral Center of Michigan	5		44			No
	Harbor Oaks Hospital	6		165			No
	Henry Ford Macomb - Clinton Township	2	2	355		4	Yes
	Henry Ford Medical Center Sterling Heights	6		15			No
	Insight Surgical Hospital	6		20			No
	McLaren Macomb	2	2	233		4	Yes
Select Specialty Macomb County	5		36			No	
Oakland	Ascension Oakland Macomb Madison Heights	2	4	188		4	Yes
	Ascension Providence Novi	2	2	274		4	Yes
	Ascension Providence Rochester	2	3	278		4	Yes
	Ascension Providence Southfield	2	2	359		4	Yes
	Beaumont Farmington Hills	2	2	265		4	Yes
	Beaumont-Royal Oak	1	1 (Pediatric level 2)	1131	Yes	4	Yes
	Beaumont - Troy	2	2	605		4	Yes
	Havenwyck	6		243			No
	Henry Ford - West Bloomfield	2	3	270		4	No
	Henry Ford Kingswood	5		64			No
	Huron Valley - Sinai	2	3	158		4	Yes
	McLaren Oakland	3	2	125	Yes	4	No
	Pontiac General	5		156			No
	McLaren - Clarkston ED	6		0			No
	Select Specialty Pontiac	5		30			No
	Straith Hospital	6		24			No
Surgeons Choice	5		30			No	
Trinity Health Oakland County	2	2	378			2	Yes
St. Clair	Ascension River District	3	4	35		4	Yes
	Lake Huron Medical Center	3	3	82		4	Yes
	McLaren Port Huron	2	3	198		4	Yes
Type							
1	Description						
2	Major regional tertiary care center. All critical specialty services available						
3	Regional tertiary care center. Most critical specialty services available including critical care.						
4	Local hospital with emergency, in-patient & critical care services available.						
5	Local hospital with emergency & inpatient services; no critical care services available.						
6	Specialty Hospital with no emergency or critical care services but with in-patient beds. Includes "facilities within facilities"						
	Free standing surgical center with 24 hour emergency services but without in-patient services.						

A13. Inventory Management

R2N has inventory that is at hospitals, EMS agencies, local emergency management, and in a small storage unit. These assets are currently tracked using excel spreadsheets and reviewed every other year. Moving forward, the inventory will be entered into the state POROS CONNECT system for tracking and deployment purposes.

R2N ventilators are managed so they are maintained by Bio-One Inc. and the R2N regional coordinator keeps track of the asset location and maintenance status.

R2N assets are reviewed by the various committees to determine need, adjustments, disposition, and usage:

- Pharmacy Committee reviews the Black Box content
- Hospital Committee reviews PAPRs, Deon Tents, Evacuation Equipment, Ventilators, Communications Equipment, and other items
- Operational Planning Committee reviews trailers and storage at EMS or local jurisdictional authorities
- SPRN Tier 2 hospital reviews SPRN assets; The SPRN EMS Transport agencies reviews SPRN equipment
- R2N staff reviews general response equipment including communications systems, computers, etc.

When equipment reaches end-of-life or no-longer-of-need status, the R2N staff will check with other regions to see if there is a need. If not, the equipment may be donated or disposed of using proper documentation procedures.

GLOSSARY OF ACRYONYMS

ACC	Alternative/Acute Care Center
ACLS	Advanced Cardiac Life Support
ADLS	Advanced Disaster Life Support
AHRQ	Agency for Healthcare Research and Quality
ALS	Advanced Life Support
ARC	American Red Cross
ASPR	Assistant Secretary for Preparedness and Response
BDLS	Basic Disaster Life Support
BEPESOC	Bureau of EMS, Trauma, and Preparedness
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosive
CDC	Centers for Disease Control and Prevention
CHECC	Community Health Emergency Coordination Center
CISM	Critical Incident Stress Management
CTS	Casualty Transport System
DEPR	Department of Emergency Preparedness and Response
DHHS	Department of Health and Human Services
DMAT	Disaster Medical Assistance Team
DS	Dispensing Site
E-Team	Critical Incident Management System (Web Based)
EM	Emergency Management
EMAC	Emergency Management Assistance Compact
EMHS	Emergency Management and Homeland Security
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
EMTALA	Emergency Medical Treatment and Active Labor Act
EM System	Emergency Medical System (Data Base for Resources)
EM Track	Emergency Medical Tracking (Patients)
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
ESF#8	Emergency Support Function #8
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
HCRT	Healthcare Coalition Response Team
HERN/HEAR	VHF Ambulance Radio Systems
HICS	Hospital Incident Command System
HVA	Hazards Vulnerability Analysis
IAP	Incident Action Plan
IC	Incident Commander
ICC	Incident Command Center
ICP	Incident Command Post
ICS	Incident Command System
IMT	Incident Management Team
JCAHO	Joint Commission on Accreditation of Healthcare Organizations

JIC	Joint Information Center
LHD	Local Health Departments
LPH	Local Public Health
MAA	Mutual Aid Agreement
MAC	Multiagency Coordination Group
MCA	Medical Control Authority
MCC	Medical Coordination Center
MD	Medical Director
MDHHS	Michigan Department of Health and Human Services
MEMA	Michigan Emergency Management Association
MEMS	Modular Emergency Medical System
MI-HAN	Michigan Health Alert Network
MI-MORT	Michigan Mortuary Response Team
MIOSHA	Michigan Occupational Safety and Health Act
MPSCS	Michigan Public Safety Communication System
MRC	Medical Reserve Corps
MSCC	Medical Surge Capacity and Capability
NEHC	Neighborhood Emergency Help Center
NIMS	National Incident Management System
NP	Nurse Practitioner
NRP	National Response Plan
OEM	Office of Emergency Management
OSHA	Occupational Safety and Health Act
PA	Physician Assistant
PALS	Pediatric Advanced Life Support
PIO	Public Information Officer
POC	Point of Contact
POD	Point of Dispensing
PPE	Personal Protective Equipment
RACES	Radio Amateur Civil Emergency Services (HAM Radio)
R2NMCC	Region 2 North Medical Coordination Center
RMCC	Regional Medical Coordination Center
RN	Registered Nurse
SEOC	State Emergency Operations Center
SNS	Strategic National Stockpile
SOP	Standard Operating Procedures
SPRN	Special Pathogen Response Network
TESA	Transportable Emergency Surge Assistance