NHCPC25
NATIONAL HEALTHCARE COALITION PREPAREDNESS CONFERENCE

Strengthening Coalitions Lies Deep in the Heart of Collaboration

Presented By:
MESH

AI-pocalypse Preparedness: Navigating Emergencies with Tech

Christopher Kendall CHOP-B, CHEP, NJCEM, PCP, EMT

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Emergency Management Coordinator

St. Joseph's Health

Introduction

Welcome

- My name is Christopher Kendall, and I bring almost 20 years of experience in public safety and emergency management, including roles at St. Joseph's Health, the New Jersey EMS Task Force, New Jersey Forest Fire Service, Montclair Ambulance Unit, McCabe Ambulance, and the ***Citizen*** App.

Context and Relevance:

- In today's rapidly evolving technological landscape, AI has the potential to revolutionize emergency management.
- This presentation will delve into how AI can enhance our emergency preparedness and response strategies, a topic of critical importance for EMS clinicians and emergency management professionals.

Objective of the Presentation:

- The purpose of this presentation is to explore the transformative role of AI in emergency management.
- We will examine practical insights and real-world applications of AI-driven solutions to enhance the effectiveness and efficiency of EMS operations.

Presentation Agenda; Why are we here?

Agenda

- What is AI?
- The Role of AI in Emergency Management and EMS
- AI Chatbots for Emergency Plans
- Creating Tabletop Exercise Scenarios with AI
- Writing and Approving Incident Action Plans with AI
- Case Studies and Real-World Examples
- Ethical Considerations and Challenges
- Future Trends and Innovations in AI for Public Safety
- Q&A Session

Objective:

- To provide a high-level overview of AI applications in public safety.

- To demonstrate how AI can enhance emergency preparedness and response.

What is AI (Artificial Intelligence)?

- *Definition of AI*:
  - **Artificial Intelligence (AI)** refers to the simulation of human intelligence in machines that are programmed to think and learn.
- *Key Technologies*:

  - **Machine Learning (ML):** Algorithms that enable computers to learn from and make predictions based on data.
  - **Natural Language Processing (NLP):** Techniques that allow machines to understand and respond to human language.

  - **Computer Vision:** Technology that enables machines to interpret and make decisions based on visual data.
- *Relevance to Public Safety*:
  - AI technologies can enhance emergency preparedness and response by providing advanced analytics, improving decision-making, and optimizing resource allocation.

The Role of AI in Public Safety

Key Benefits of AI:

- **Enhancing Predictive Capabilities:**
  - AI can forecast potential emergencies and crises, allowing for proactive planning.
    - *Example:* Predicting the impact of natural disasters or pandemics.
- **Improving Decision-Making Processes:**
  - AI provides real-time data analysis and recommendations to support quick, informed decisions.
    - *Example:* AI-driven decision support systems during large-scale emergencies.
- **Streamlining Communication and Coordination:**
  - AI facilitates better information sharing and collaboration among emergency response teams.
    - *Example:* AI chatbots and automated alerts for first responders.
- **Optimizing Resource Management:**
  - AI helps allocate resources efficiently to ensure they are available where and when needed most.
    - *Example:* Optimizing ambulance dispatch and hospital bed management.

AI Chatbots for Emergency Operations Plans

Overview of AI Chatbots:

- **Definition and Functionality:**
  - AI chatbots simulate human conversation to assist in emergency planning.
  - Can create, update, and manage emergency plans.

Practical Applications in Public Safety:

- **Automating Documentation:**
  - Helps automate documentation of emergency plans.
  - Ensures consistency and accuracy.
- **Generating Incident Reports:**
  - Quickly generates incident reports based on input data.
  - Saves time and reduces human error.
- **Assisting in Planning Exercises:**
  - Creates realistic scenarios for tabletop exercises.
  - Provides dynamic and interactive training experiences.

Benefits:

- **Efficiency:**
  - Speeds up creation and updates of emergency plans.
- **Accuracy:**
  - Reduces errors and ensures consistency.
- **Accessibility:**
  - Makes tools accessible to all team members.

AI for TTX (Tabletop Exercise) Creation

Introduction to Tabletop Exercises:

- **Importance:**
  - Critical for testing and improving emergency response plans.
  - Provides a simulated environment to practice responses to hypothetical emergency situations.

AI-Driven Scenario Generation:

- **Realistic and Diverse Scenarios:**
  - AI generates a wide range of realistic and diverse emergency scenarios.
  - Ensure comprehensive training by covering various potential incidents.
- **Dynamic Adjustments:**
  - AI adjusts scenarios in real-time based on participant actions and decisions.
  - Enhances realism and adaptability of exercises.

Practical Applications:

- **Customizable Scenarios:**
  - Allows customization to match specific training needs and objectives.
    - *Example:* Customizing scenarios for natural disasters, chemical spills, or mass casualty incidents.
- **Interactive Elements:**
  - Introduces interactive elements like real-time data feeds and changing conditions.
    - *Example:* Simulating evolving situations like worsening weather or additional casualties.

Benefits:

- **Enhanced Realism:**
  - Provides more realistic training experiences, improving preparedness.
- **Efficiency:**
  - Reduces time and resources needed for manual scenario development.
- **Engagement:**
  - Keeps participants engaged with dynamic and interactive exercises.

Benefits of AI Chatbots for Training Scenarios

Key AI Chatbots and Tools:

1. **HeyGen.AI:**
    1. **Use Case:** Creating realistic training videos and scenarios.
    2. **Features:** Generates custom video content & Enhances training with visual and auditory elements.
        1. *Example:* Video walkthrough of a mass casualty incident response.
2. **ChatGPT:**
    1. **Use Case:** Simulating real-time communication and decision-making.
    2. **Features:** Provides interactive conversations & Helps practice decision-making and communication skills.
        1. *Example:* Role-playing a dispatcher in an emergency situation.
3. **Botpress:**
    1. **Use Case:** Developing customized training chatbots.
    2. **Features:** Highly customizable & Integrates with various platforms and data sources.
        1. *Example:* Guide trainees through a hazardous materials spill response.
4. **Replika:**
    1. **Use Case:** Personalized training and mental health support.
    2. **Features:** Personalized conversations & Stress management training and support.
        1. *Example:* Stress-relief exercises during high-pressure training.

Benefits of Using AI Chatbots in Training:

- **Engagement:** Interactive and dynamic content.
- **Realism:** Realistic and varied scenarios.
- **Flexibility:** Customizable training solutions.
- **Accessibility:** Available anytime, anywhere.

Writing and Approving Incident Action Plans with AI

AI Assistance in IAP Development:

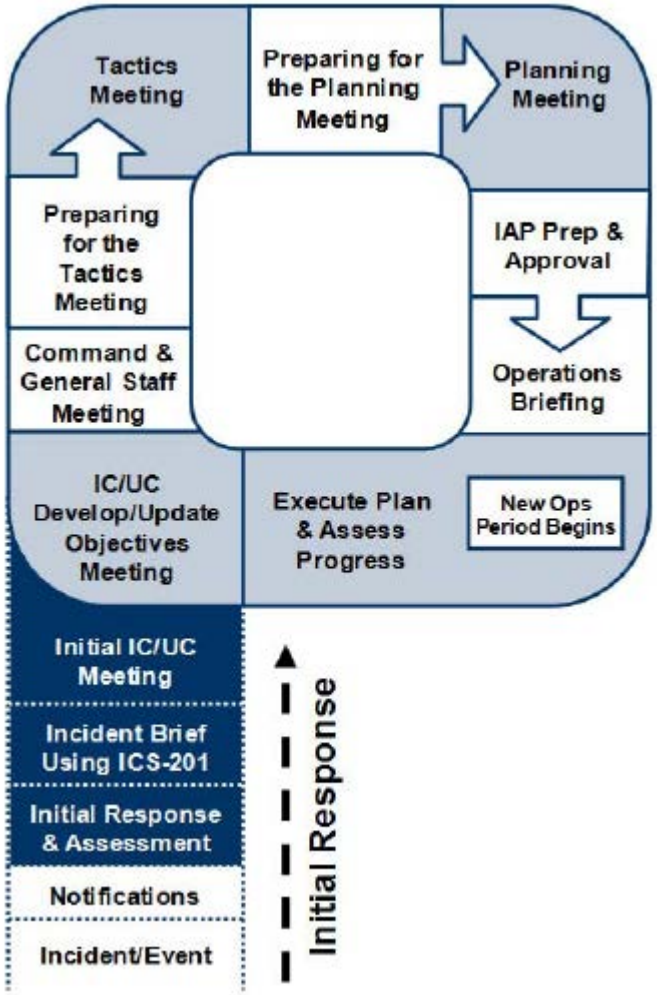
- **Automating the Writing Process:**
  - Streamlines creation by automating routine documentation.
  - Ensures consistency and adherence to protocols.
    - *Example:* Populating IAP templates with AI based on input data.
- **Ensuring Compliance:**
  - Verifies that IAPs meet all regulatory and procedural requirements.
  - Reduces risk of errors and omissions.
    - *Example:* AI checks for completeness and compliance with FEMA guidelines.

Streamlining the Approval Process:

- **Real-Time Collaboration:**
  - Facilitates collaboration among team members for drafting and reviewing IAPs.
  - Allows for quick updates and feedback.
    - *Example:* AI platforms for simultaneous editing and approval.
- **Automated Notifications:**
  - Sends alerts and reminders for timely review and approval.
  - Keeps team members aware of deadlines.
    - *Example:* Notifications for pending approvals or updates.

Benefits:

- **Efficiency:** Speeds up IAP creation and approval.
- **Accuracy:** Enhances the accuracy and completeness of plans.
- **Compliance:** Ensures adherence to standards and regulations.



Ethical Considerations & Challenges

Ethical Issues:

- **Data Privacy and Security:**
  - Protecting sensitive information.
  - Compliance with data protection regulations.
- **Algorithm Bias and Fairness:**
  - Risks of bias in AI affecting decisions.
  - Ensuring fair and unbiased AI systems.

Technical Challenges:

- **Integration with Existing Systems:**
  - Difficulty integrating AI with current infrastructure.
  - Need for compatibility and seamless operation.
- **Technical Limitations:**
  - Understanding AI technology limitations.
  - Ensuring robustness and reliability.

Addressing Ethical Concerns:

- **Transparent AI Development:**
  - Transparency in AI development processes.
  - Documenting decision-making and data sources.
- **Continuous Monitoring and Improvement:**
  - Regular monitoring for performance and bias.
  - Implementing feedback loops for improvement.

Best Practices:

- **Stakeholder Involvement:**
  - Engaging relevant stakeholders in AI development and deployment.
  - Considering diverse perspectives and needs.
- **Ethical Guidelines and Standards:**
  - Adhering to ethical guidelines and standards.
  - Promoting responsible AI practices.

Future Trends & Innovations in AI for Public Safety

Emerging Trends:

- **Advanced Predictive Analytics:**
  - Leveraging big data and sophisticated AI algorithms.
  - *Example:* Predicting complex multi-hazard events.
- **AI-Driven Drones and Robotics:**
  - Using drones and robots for surveillance, search and rescue, and hazardous material handling.
  - *Example:* AI-controlled drones for real-time aerial assessment during disasters.
- **Enhanced Real-Time Data Integration:**
  - Integrating data from diverse sources for comprehensive situational awareness.
  - *Example:* Combining weather data, traffic patterns, and social media reports for real-time response.

Innovative Applications:

- **Virtual Reality (VR) and Augmented Reality (AR):**
  - Utilizing VR and AR for immersive training and real-time operational support.
  - *Example:* AR glasses providing real-time information overlays for first responders.
- **AI-Powered Communication Platforms:**
  - Advanced tools improving clarity, efficiency, and coordination.
  - *Example:* AI platforms translating and relaying critical information instantly.
- **Personalized AI Assistants:**
  - Tailored AI assistants providing customized support and information.
  - *Example:* AI assistants tracking responder health metrics and providing recommendations.

Predictions for the Future:

- **Increased AI Adoption:**
  - Growing acceptance and integration of AI in public safety operations.
  - *Example:* Widespread use of AI for emergency response planning and execution.
- **Continuous AI Evolution:**
  - Ongoing advancements bringing new capabilities and improvements.
  - *Example:* AI systems becoming more autonomous and capable of complex decision-making.

Q&A Session

Q&A Guidelines:

- Please raise your hand if you have a question.
- No question is too small or too complex; we're here to learn together.
- We'll spend about the next 15 minutes answering your questions to ensure everyone has a chance to participate.

Conclusion and Final Thoughts

Summary of Key Points:

- **AI in Emergency Management:**
  - Enhances predictive capabilities, decision-making, communication, and resource management.
- **Practical Applications:**
  - AI chatbots, predictive analytics, and scenario planning tools improve preparedness and response.
- **Real-World Examples:**
  - Case studies demonstrate the effectiveness and benefits of AI in public safety.

Importance of Embracing AI:

- **Advancing Public Safety:**
  - AI is a powerful tool for advancing public safety and emergency management.
  - Encourages innovation and continuous improvement in emergency response strategies.

Call to Action:

- **Explore AI Solutions:**
  - Encourage your organization to explore and implement AI solutions.
  - Stay informed about emerging AI technologies and trends.
- **Collaborate and Share Knowledge:**
  - Collaborate with other professionals to share knowledge and best practices.
  - Participate in forums, workshops, and training sessions on AI in public safety.

Final Thoughts:

- **Commitment to Improvement:**
  - Ongoing learning and adaptation in using AI for emergency management are crucial.

Contact Information

Please scan the QR Code to contact and connect with me.

Thank you!

St. Joseph's Health

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Strengthening Coalitions Lies Deep in the Heart of Collaboration

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MESH

Assessing Risk Across a National Health System

Implementation of ASPR RISC 2.0

Jeff Butler
National Manager, Programs & Grants
Medxcel

Learning Objectives

1) Describe process for implementing RISC 2.0 throughout our organization
2) Define the evaluation categories (Hazard, Vulnerability, and Consequence/Criticality) and how scoring is calculated
3) Describe strategic advantages of utilizing a standardized risk assessment process across the healthcare delivery continuum

RISC System History & Implementation

History of the RISC Tool

In 2018, the RISK Tool 1.0 was developed to help HPH Sector critical infrastructure owners and operators identify and address risk, by…

- Providing an objective, user friendly, data-driven, and evidence-based approach to assessing risk
- Enabling organizational users to identify threats and hazards, assess vulnerabilities to those threats and hazards, and determine the criticality of potential disruptions to infrastructure (e.g., power outages)
- Informing organizational critical infrastructure emergency preparedness planning, risk management activities, and resource investments

In 2019, CIP started building the next generation of the RISC Tool (version 2.0) with input from HPH Sector partners with the following objectives:

- Promote risk identification, planning, preparedness, mitigation and resilience to all-hazards, including infectious disease outbreaks
- Enable public and private organizations to conduct repeatable, data-driven risk assessments and share their data and results in a secure environment
- Enhance RISC Tool 2.0 functionality and ease of use, and to further expand its utility to the HPH sub-sectors (e.g., supply chain) beyond hospitals
- Optimize the tool for a web-based platform with a focus on user experience, offering advanced tools for preparedness, analytics, reporting and dashboarding

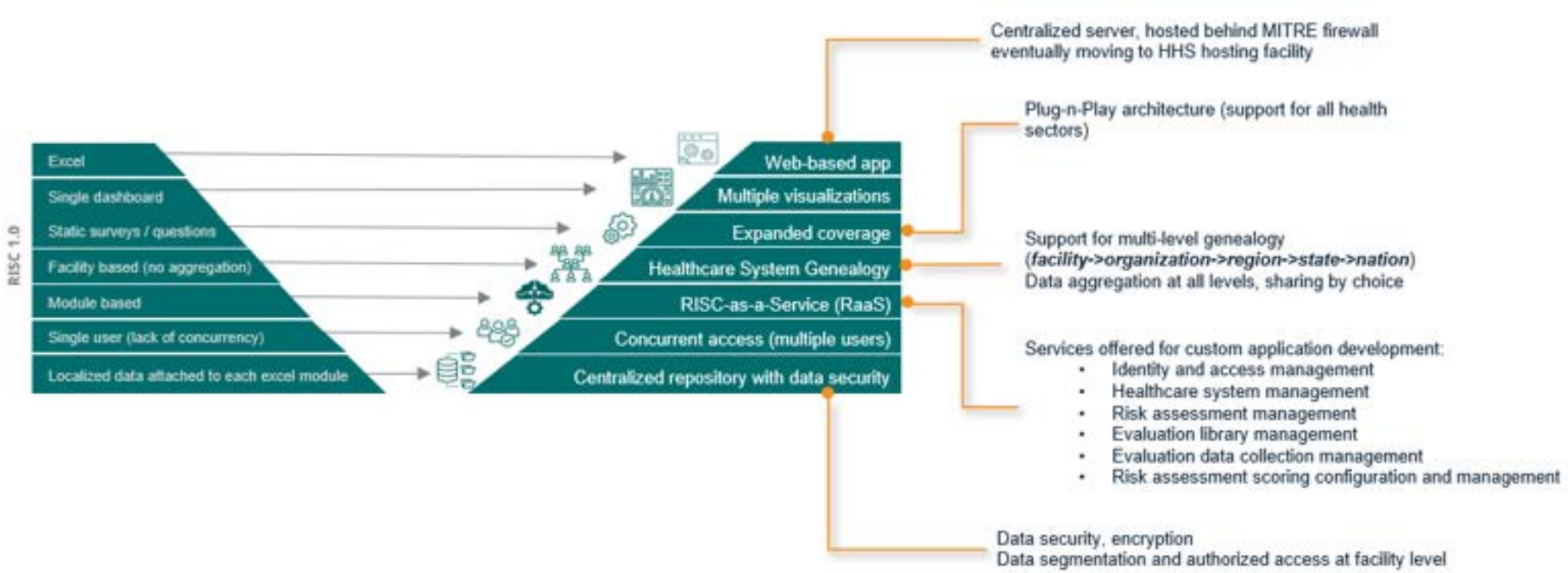
Medxcel Implementation of RISC 1.0

- System initially launched in 2018
- Medxcel was an early adopter of the system
  - Toolkit implemented across our national health system
- Partnered with ASPR as Subject Matter Experts for an informational webinar in 2019

RISC 1.0 Challenges

- Excel based program
- Program was not user friendly
- Difficult to download / manipulate data
- Minimal support capabilities for new users

RISC Tool Evolution



Respondents liked the objective, data-driven, evidence-based approach to RISC 1.0
Found the tool burdensome, time consuming and lacking key features
RISC 2.0 seeks to address most of the challenges identified through multi-factor analysis of existing market options

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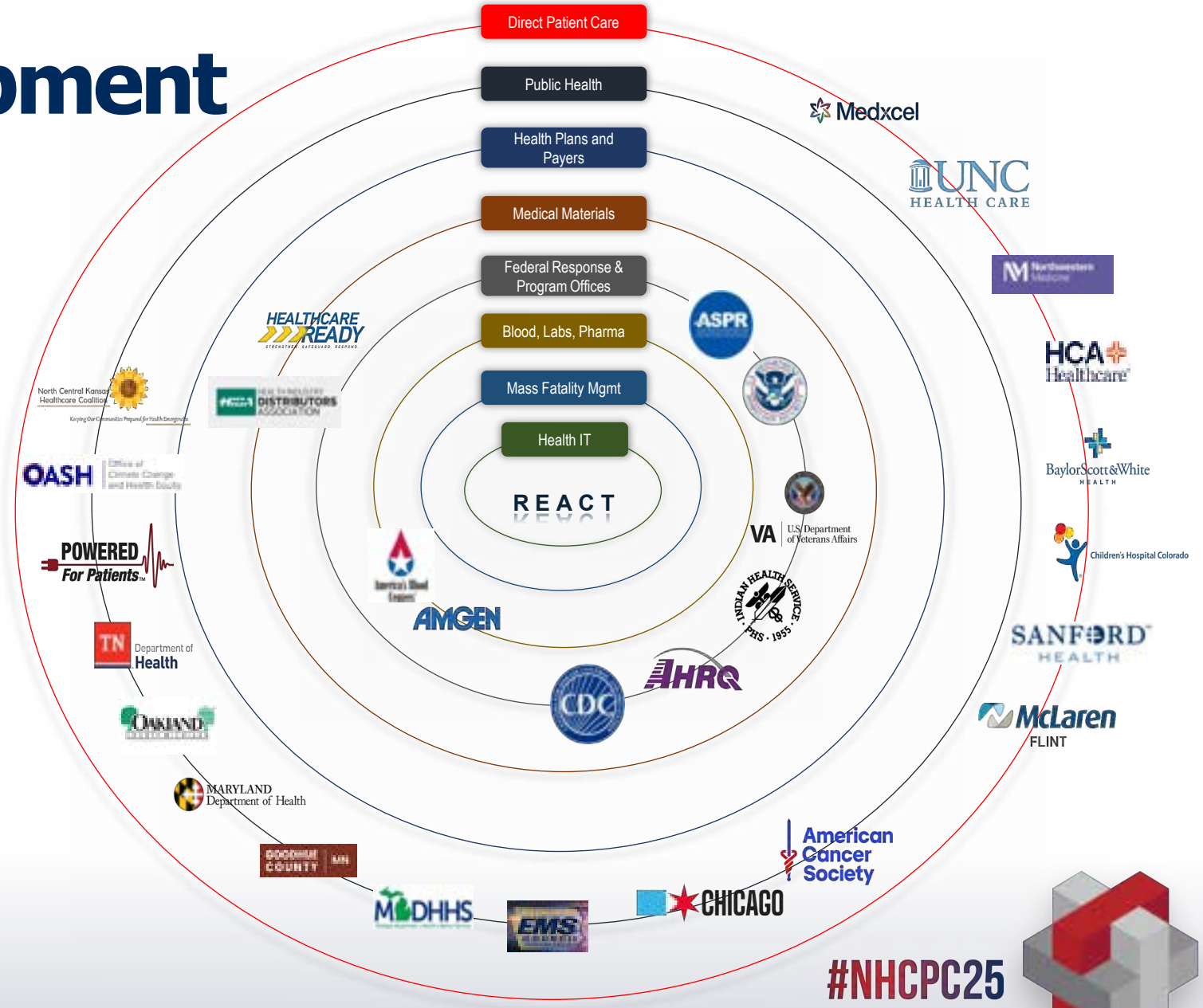
RISC 2.0 Development

RISC Enabled Assessments for Critical Threats (REACT) Workgroup



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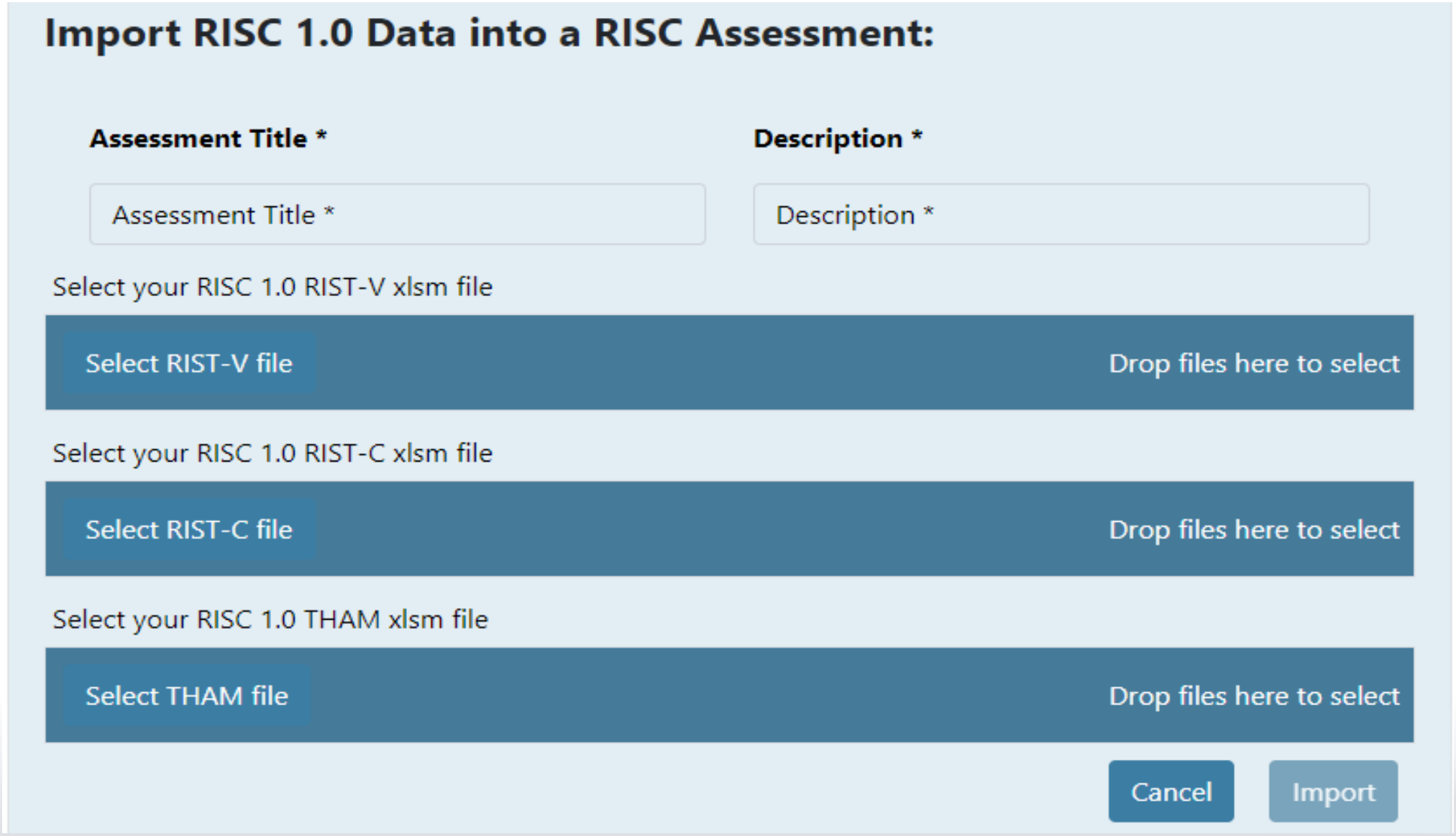
Benefits of RISC 2.0

- Web-Based Application
- Ability to import 1.0 documents
- Organizational hierarchy from national level down to local facility level
- Creation of Access Levels for RISC 2.0 users
- Data analysis capabilities
  - Identify trends & allocate additional resources for mitigation

Transition from RISC 1.0 to RISC 2.0



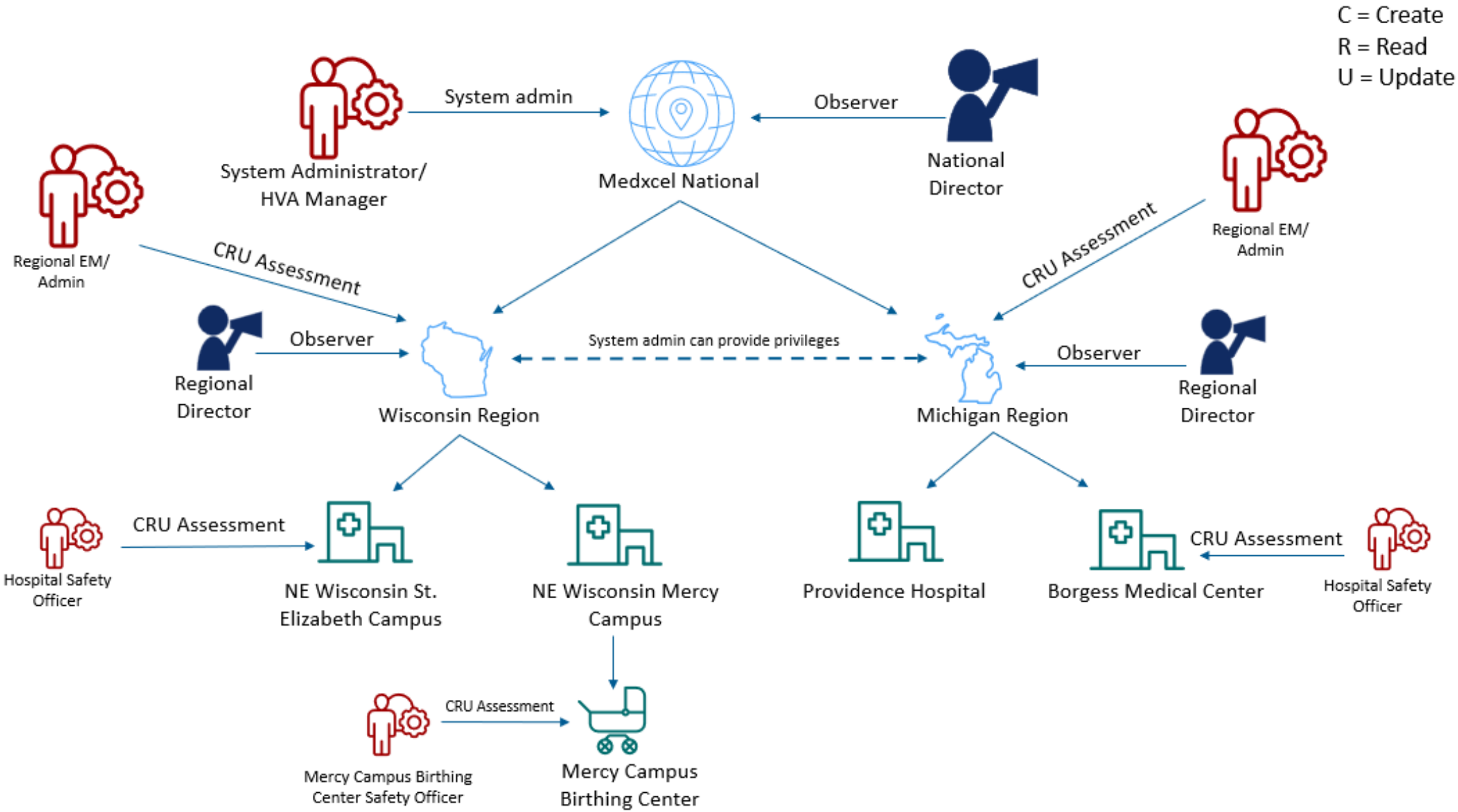
Organizational Hierarchy

- Risk data flows up from local facility level to national level analytics
- Ability to create “child” facilities to feed hospital data

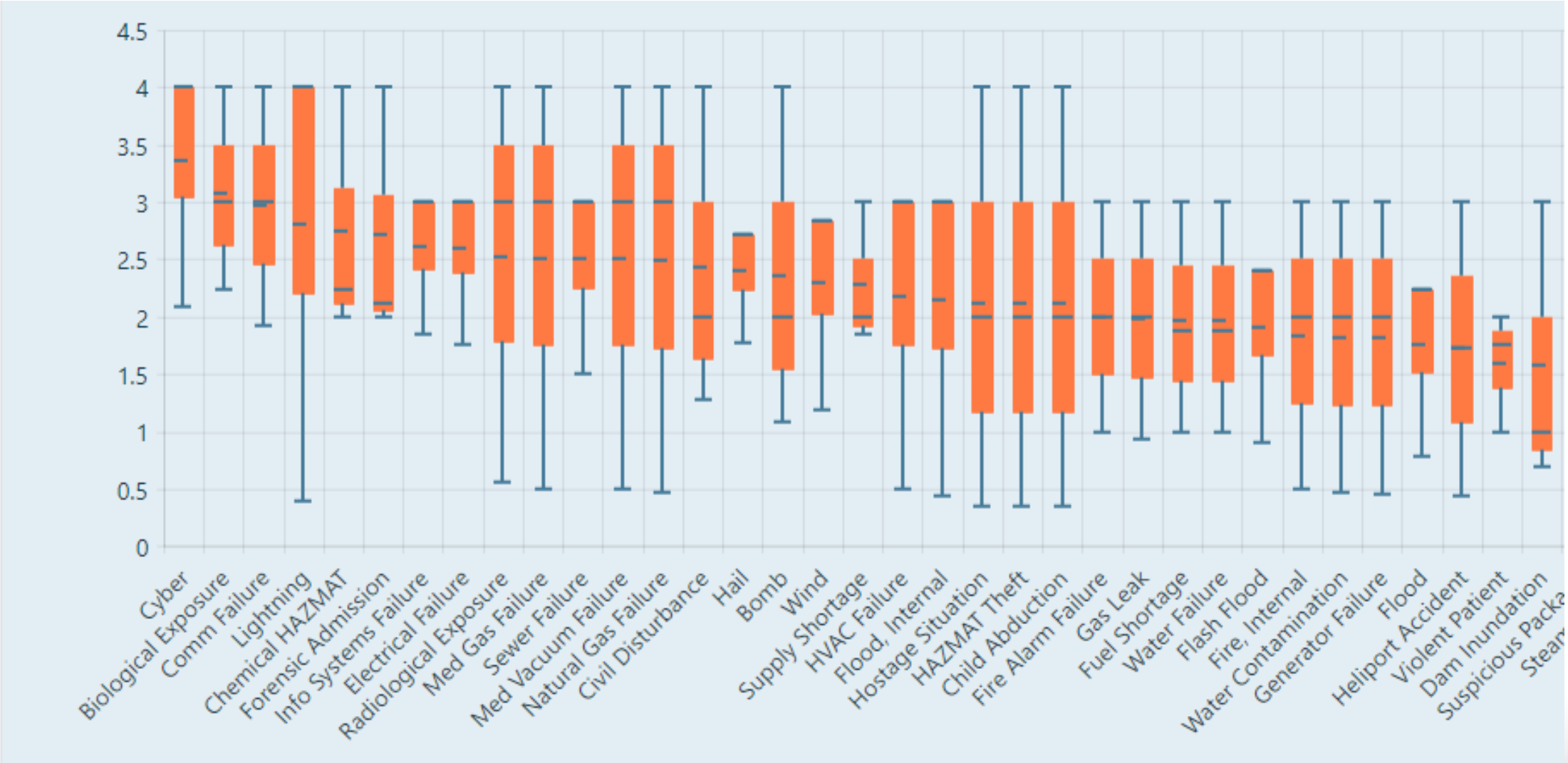
User Access Levels

Role	View	Answer Evaluations	Invite & Assign Roles	Create & Update Profile	Create & Update Hierarchy	Remove	Examples
System Admin (SA)	Yes	Yes	Yes (all roles)	Yes	Only Organization SA	Only Organization SA	Emergency Manager
Emergency Manager (EM)	Yes	Yes	Yes (EM and below)	Yes	Only Organization EM	No	Emergency Manager
Emergency Response Coordinator (ERC)	Yes	Yes	Yes (ERC and below)	No	No	No	• Organizational Emergency Response Coordinator • Hospital Association Partner • Regional Hospital Coordinator
Capability SME	Yes	Yes	No	No	No	No	• Organizational Information Security Officer • Organizational Financial Manger • Organizational Capability SME
System Observer	Yes	No	No	No	No	No	• Facility and Organizational Leadership • Regional and County Health Director • Risk Assessment Methodologist

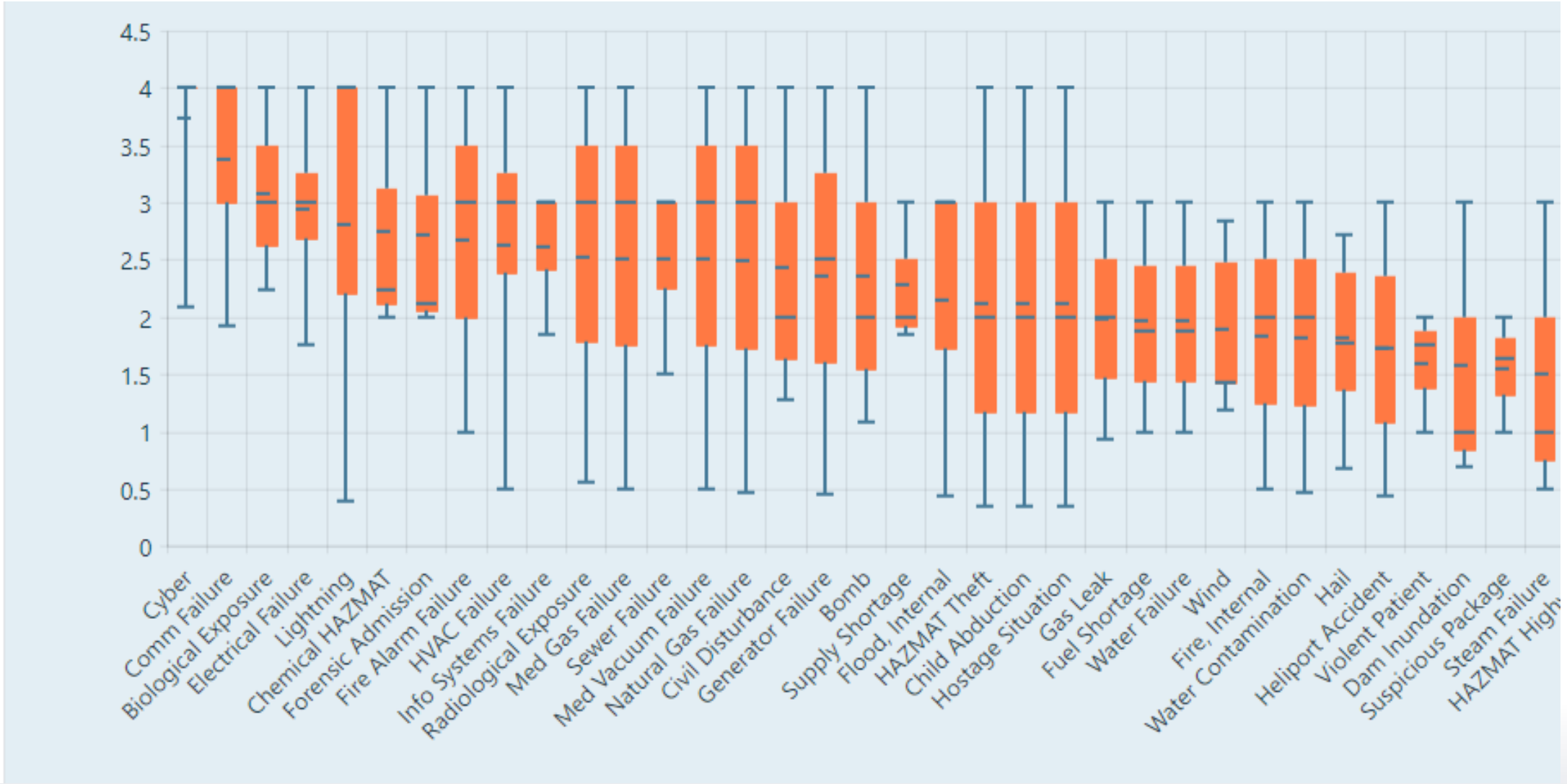
Medxcel User Roles



Regional / State Hazard Data Analytics



National Hazard Data Analytics



Annual Risk Assessment Updates

- Create new risk assessment by cloning previous year
- Hazard Evaluations
  - Update data for Lookup Hazards Evaluation
  - Review Local Hazards Evaluation with Emergency Management Committee or key stakeholders (i.e. Facilities, Nursing, Admin, Infection Control, IT, etc.)

Annual Risk Assessment Updates

- Hazard Specific Consequence Assessments are not required for all 67 template hazards
- Hazard Specific Consequence Assessments will be completed for the following hazards:
  - Hazard Evaluation Score above 3.0 (High or Very High)
  - Top 10 hazards based on Risk Score (Hazard x Vulnerability)

Annual Risk Assessment Updates

- Evaluations to be updated if there are significant changes in facility operations or availability of healthcare services within the community:
  - Common Consequence
  - Criticality
  - Comprehensive Hospital Vulnerability

Annual Risk Assessment Updates

- Custom Hazard Evaluation
  - List of custom hazards reviewed by Regional Emergency Management Officer team annually prior to creation of new assessments
  - New custom hazard name & definition developed at national level to ensure consistency

Defining Evaluation Categories & Scoring

Hazard Evaluation

The Hazard Module assesses the likelihood of a threat or hazard occurring

IDENTIFY THREATS AND HAZARDS

Types of Hazards

6	Intentional External Acts (e.g., active shooter, cyber crime)
7	Unintentional External Manmade events (e.g., aircraft crash, external radiation)
20	Natural Hazards (e.g., flood, hurricane, drought)
33	Internal Hazards (e.g., generator failure, bomb threat)
1	Influenza

Categories of Hazards

Automated – external hazards that are calculated automatically for the user within the tool. This could include hazards that are based solely on location, or hazards based of the facility definition that the user fills out in the profile. Example: hailstorm.

Lookup – external hazards that cannot be calculated automatically. The user is required to search online for information about each hazard using given instructions and input the result into the tool. Example: hurricane

Local/Internal – internal hazards that are based on rate of occurrence in the specific facility. Users will fill out the rate of occurrence for each of those hazards. Example: HVAC failure.

Hazard Evaluation Scoring

- Threat/Hazard ratings represent the likelihood of each event occurring at the assessed facility, relative to other facilities and other event types. The ratings range from 0.1 to 4.0, with a higher rating indicating a greater likelihood.

Rating	Category
0.1-1.0	Low
1.1-2.0	Moderate
2.1-3.0	High
3.1-4.0	Very High

Vulnerability Evaluation

The Vulnerability module assesses the vulnerability of disruption

Vulnerability Subsections

Resilience Management
- Business Continuity
- Emergency Management
- Information Sharing
- Climate Change

Critical Dependencies
- General Dependencies
- Information Technology
- Electricity
- Natural Gas
- Water
- Wastewater and Waste Disposal
- Communications
- Transportation
- Critical Products

Physical Security Management
- Physical Security Organization, Policies and Plans
- Personnel Surety
- Security Training
- Security Force Profile
- Physical Access Control
- Lighting, Surveillance and Intrusion Detection
- Badging and Internal Security

Cyber Security Management
- Identify
- Protect
- Detect
- Response
- Recovery

Vulnerability Evaluation Scoring

- The vulnerability ratings represent the level of vulnerability to a specific threat/hazard based on the policies, plans, and procedures in place at a facility. It is calculated on a scale from zero to one; a score close to zero indicates the facility for asset being assessed has a low overall vulnerability to that threat/hazard.

Rating	Category
0.00-0.25	Low
0.26-0.50	Moderate
0.51-0.75	High
0.76-1.00	Very High

Consequence Evaluation

The Consequence module assesses Hazard specific consequences to the healthcare system

DETERMINE CONSEQUENCES

Types of Consequences

- Human Impact
- Property Impact
- Business Impact

Types of Evaluations

Common Consequence – questions about the facility unrelated to a specific hazard. For example: questions about the facility population, the economic impact of breaking contracts, the property impact of facility disruption, or the cost of business interruption.

- There is an extra section specific to Direct Patient Care that is only displayed if the facility is a direct patient care facility

Hazard Specific – questions related to the damage incurred if a specific hazard were to occur. There are 67 separate evaluations for each of the 67 hazards. Users can choose which to fill out, usually based on which have the highest hazard and vulnerability scores.

Consequence Evaluation Scoring

- The overall Consequence rating is a composite of three separate impact ratings: human impacts, property impacts, and business impacts.
- Each Impact Rating and the overall Consequence Rating are on a scale from one (low impact) to four (very high impact) and provide relative indicators for the extent of personal injury or death, cost of property and equipment damage, and business losses potentially resulting from a specific incident.
- The Consequence and Impact Ratings are specific to individual threat/hazard types and may be calculated for any threat/hazard of interest.

Rating	Category
0.1-1.0	Low
1.1-2.0	Moderate
2.1-3.0	High
3.1-4.0	Very High

Criticality Evaluation

The Criticality module assesses the level of importance of a facility to the national healthcare and public health system

It does not imply a value judgment and cannot be raised or lowered through corrective actions. The Criticality Rating can be used to compare facilities within a system and identify the most crucial points of a network that require the greatest protection. The results will be of interest mainly to executives of coalitions, healthcare networks, regional systems, and federal program offices.

The Criticality Rating is separate in that is does not factor into the hazard risk scores. There is one Criticality Rating unique to each facility.

Criticality Evaluation Scoring

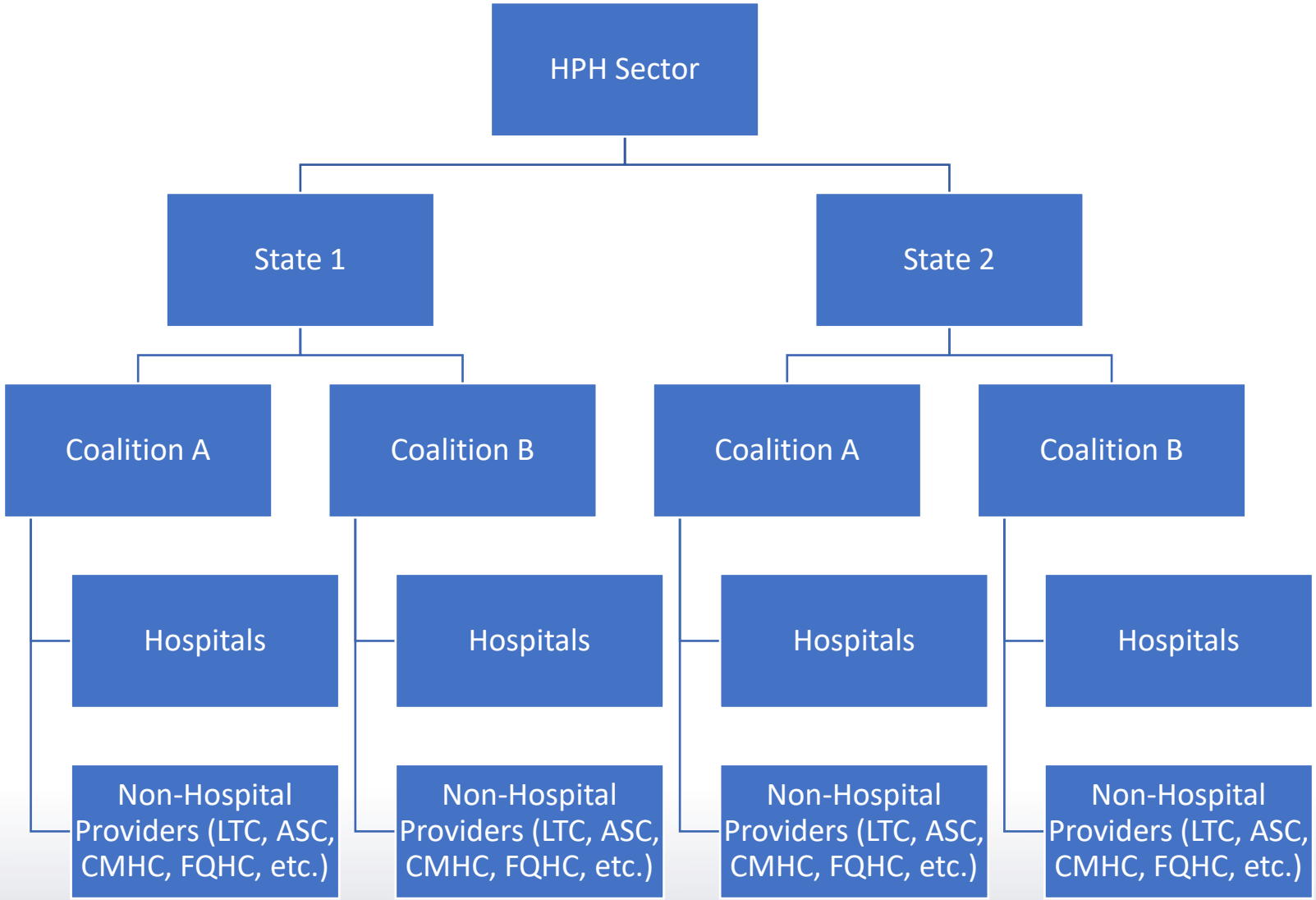
- The Criticality Rating provides an indication of the level of impact to the Healthcare and Public Health Sector that could be expected due to the loss of function of the facility or asset being assessed.
- The rating is on a scale from one (low criticality) to four (very high criticality) and provides a relative indicator of the extent of expected service shortages or delays and the ability of the national HPH Sector to recover from an incident.

Advantages of Standardized Risk Assessments

Strategic Advantages of RISC 2.0

- Easily share risk data with regional, state, and federal partners
- Comparing “apples to apples” rather than “apples to oranges”
- Alignment with ASPR Hospital Preparedness Program (HPP) grant funding deliverables
- Identify common gaps impacting our healthcare delivery system

Potential Federal Hierarchy



Questions?

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Strengthening Coalitions Lies Deep in the Heart of Collaboration

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MESH

Behavioral Threat Assessment Management

A Primer on Violence Risks, Consequences, and Solutions

Keith F Hansen, MBA
AHEPP

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AHEPP ASSOCIATION OF HEALTHCARE EMERGENCY PREPAREDNESS PROFESSIONALS

HcBTAM:

Behavioral Threat Assessment Management: A Primer on Violence Risks, Consequences and Solutions

NHCPC - 2025

Keith F Hansen, MBA

Association of Healthcare Emergency Preparedness Professionals

Preparedness Architect, TranscendX

Objectives

- Define Behavioral Threat Assessment and its importance in public health, healthcare, and the public sector
- Explain the key components of the Behavioral Threat Assessment process
- Explain the key steps in forming and leading a Behavioral Threat Assessment Team
- Numerous slides are taken from the National Threat Evaluating and Reporting Program Office

WARNING

NTER National Threat Evaluation and Reporting Program Office

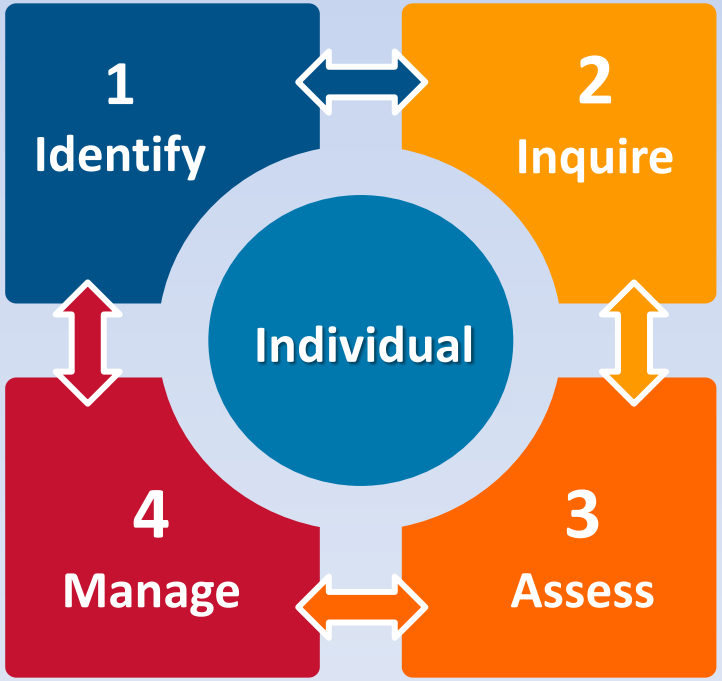
BASELINE KNOWLEDGE
about
Behavioral Threat Assessment Management

Targeted Violence Defined

Generally, any premeditated act of violence directed at a specific **individual**, **group**, or **location**, regardless of motivation, that violates the criminal laws of the United States or of any State or subdivision of the United States.

Adapted from: *Making Prevention a Reality: Identifying, Assessing, and Managing the Threat of Targeted Attacks* – FBI

HcBTAM
Healthcare Behavioral Threat Assessment Management



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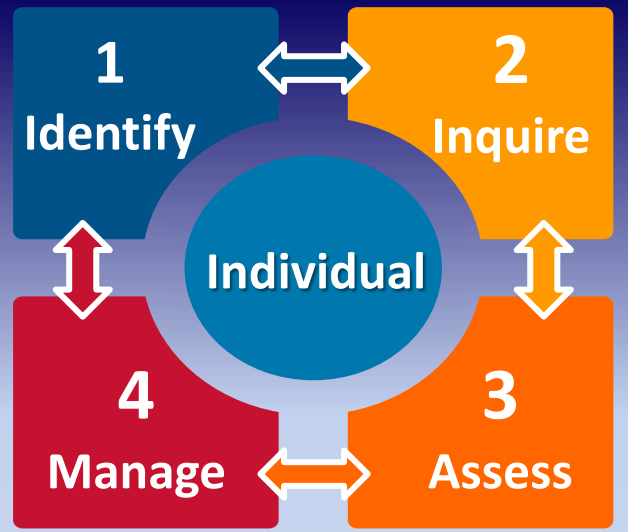
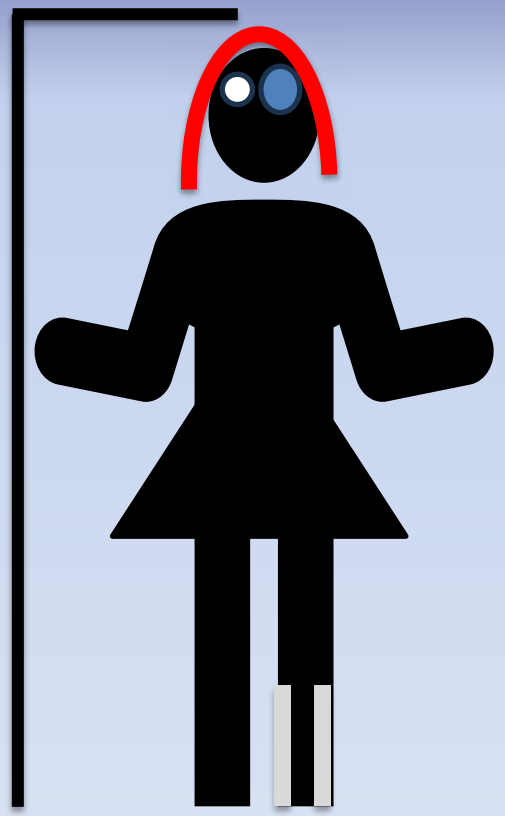


- About behavior
- About management
- A systematic, fact-based method of inquiry and examination
- Focused on an individual's patterns of thinking and behavior
- A course of action that responds to and mitigates a threat
- A pro-active, multi-disciplinary process
- Risk & Protective Factors
- Predatory vs. Affective
- Posing vs. Making Threats (Hunters & Howlers)
- The Pathway
- "BTAM is an **evidence-based** and **systematic** process to **identify**, **inquire**, **assess**, and **manage** potential threats. Multidisciplinary teams, … can use a BTAM process to provide alternatives to criminal justice interventions for individuals who may be at risk of moving toward violence." U.S. DHS. (2025). Behavioral threat assessment and management in practice (CP3 Publication No. 0214).

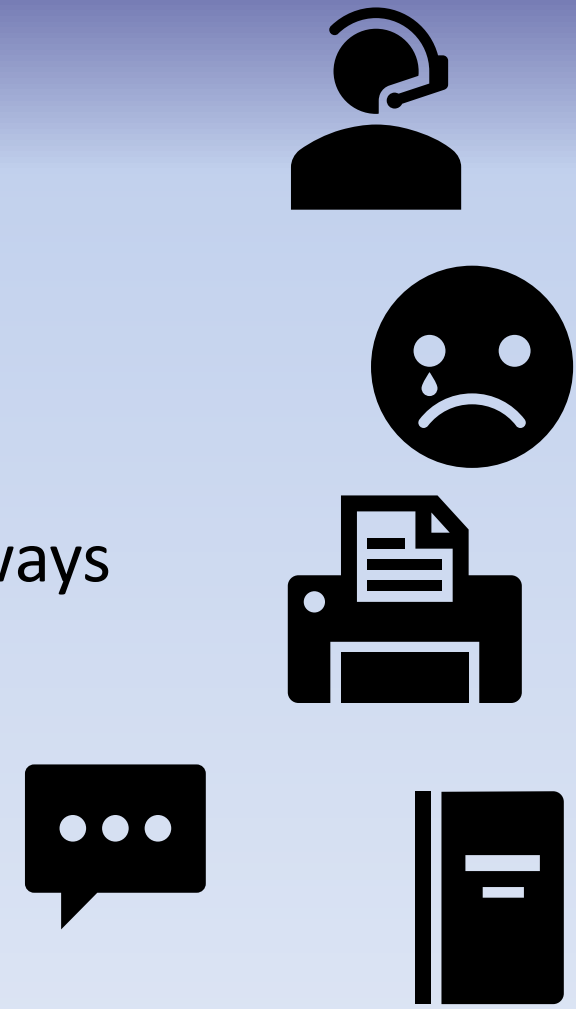
IS NOT

- Patient risk assessment
- Rejection & punishment
- Perfect prediction
- Magic wand
- Linear
- One size fits all
- Outcome (process instead)
- One & done
- A criminal or disciplinary (HR) investigation
- A physical security risk assessment
- A surveillance or collection program (although needed)
- Criminal profiling

Profiling vs. BTAM



- Threat Assessment is the opposite of profiling.
- TA is never applied to a theoretical situation. It is always an assessment of a real situation.



Let's ruin a myth

"Offenders Don't 'Snap'— They Decide"

IS

Predatory

Planned

- Premeditated, involves intentional planning and preparation
- All instances of targeted violence and almost all mass murders are premeditated
- The planned nature provides an opportunity for the BTAM process to prevent an attack

IS NOT

Impulsive

Reactive

- Emotional and impromptu
- Frequently a defensive or reactionary behavior in response to a perceived imminent threat

Adapted from: *Making Prevention a Reality: Identifying, Assessing, and Managing the Threat of Targeted Attacks* – FBI

Example

- A television news report described a man who shot and killed his wife at her work.
- He was served a restraining order and divorce papers on his birthday.
- He made threats, was fired, stalked her, and put a gun to his wife's head the week before the killing.
- The reporter concluded the segment with….

"Officials concede that no-one could have predicted this would happen."

The Gift of Fear. Gavin De Becker

30

Why should Healthcare be involved?

2025 Hc Incidents

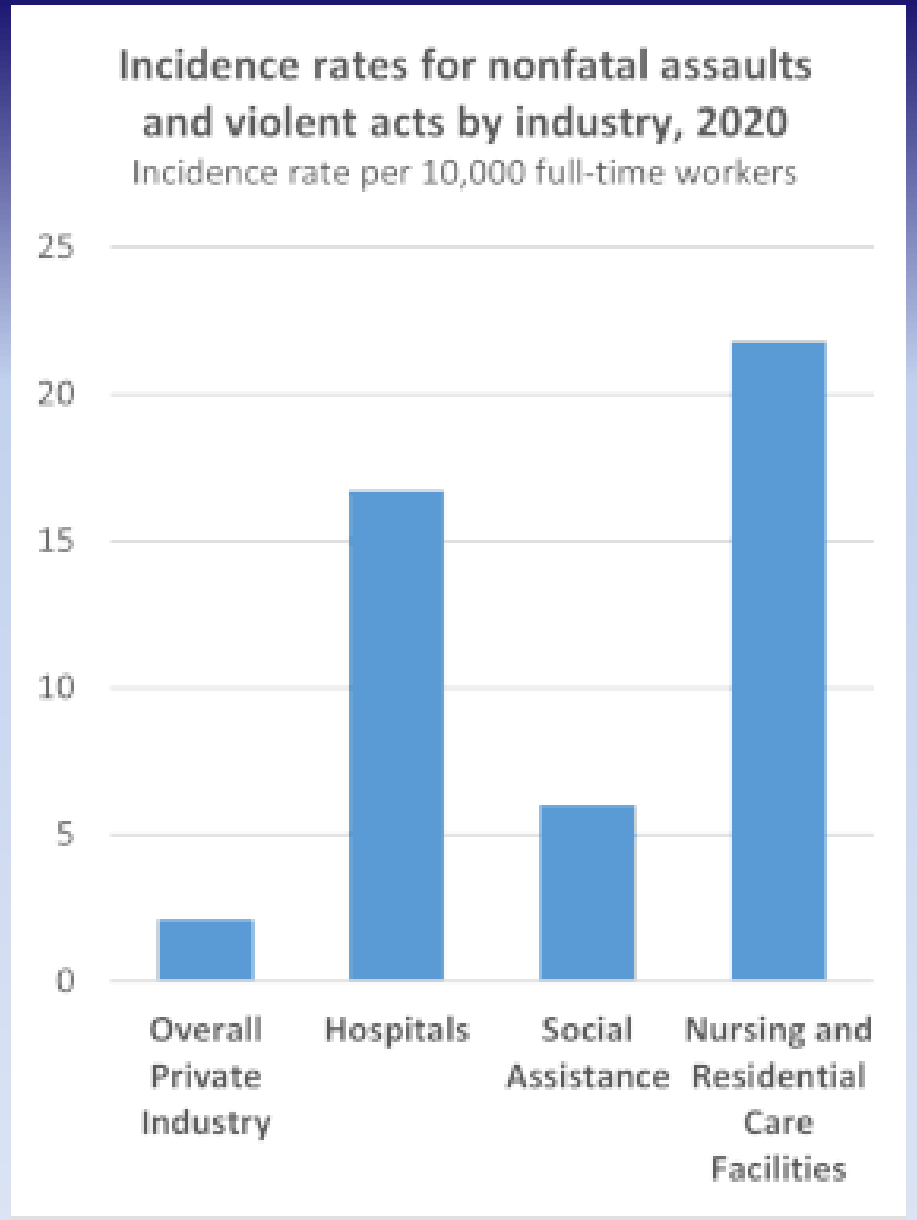
University of Pittsburgh Medical Center
United Healthcare Headquarters, Minnetonka, MN
Aultman Hospital, Canton, OH
Provident Hospital, Chicago, IL
HCA Palms West Hospital, Loxahatchee, FL
University of Illinois, Chicago
Integris Health, Enid OK
Henry Ford Hospital, Detroit, MI

Mr. R. 07-21-2025. University of Illinois Chicago Hospital.
Aramark (food service). Shot two off campus.
Channel 7 Eyewitness News. Chicago & Suburban Cook Co.

Mr B. 08-17-025. Integris Health Center. Enid, OK.
Domestic violence nearby. Killed 72yo security guard.
KOCO News 5.

Nursing Data

- From 2016 to 2020 there were 207 deaths due to violence in the workplace in the health care and social assistance industry within the private sector (BLS, 2021).



Source: Bureau of Labor Statistics, U.S. Department of Labor (BLS, 2021)

More Nursing Data

- 80% of nurses do not feel safe in their workplace (Peek-Asa et al., 2009).
- In a survey of 125 ED nurses, intensive care unit and general floor nurses at a regional medical center, 82% of ED nurses had been physically assaulted at work in one year (May & Grubbs, 2002).
- 25% of psychiatric nurses experienced disabling injuries from patient assaults (Quanbeck, 2006).

Hc is DIFFERENT

- "…the act or threat of violence, ranging from verbal abuse to physical assaults directed toward persons at work or on duty."
- Hc is often a persons "worst day"
- Hc workers treat the severely ill and injured
- Federal legislation (Emergency Medical Treatment and Labor Act - EMTALA) requires emergency treatment from any hospital that receives Medicare payments
- Hc is designed and legislated to attract and serve high-stress, high-emotion individuals
- Hc has a "lot of Tuesday's" which encourages complacence

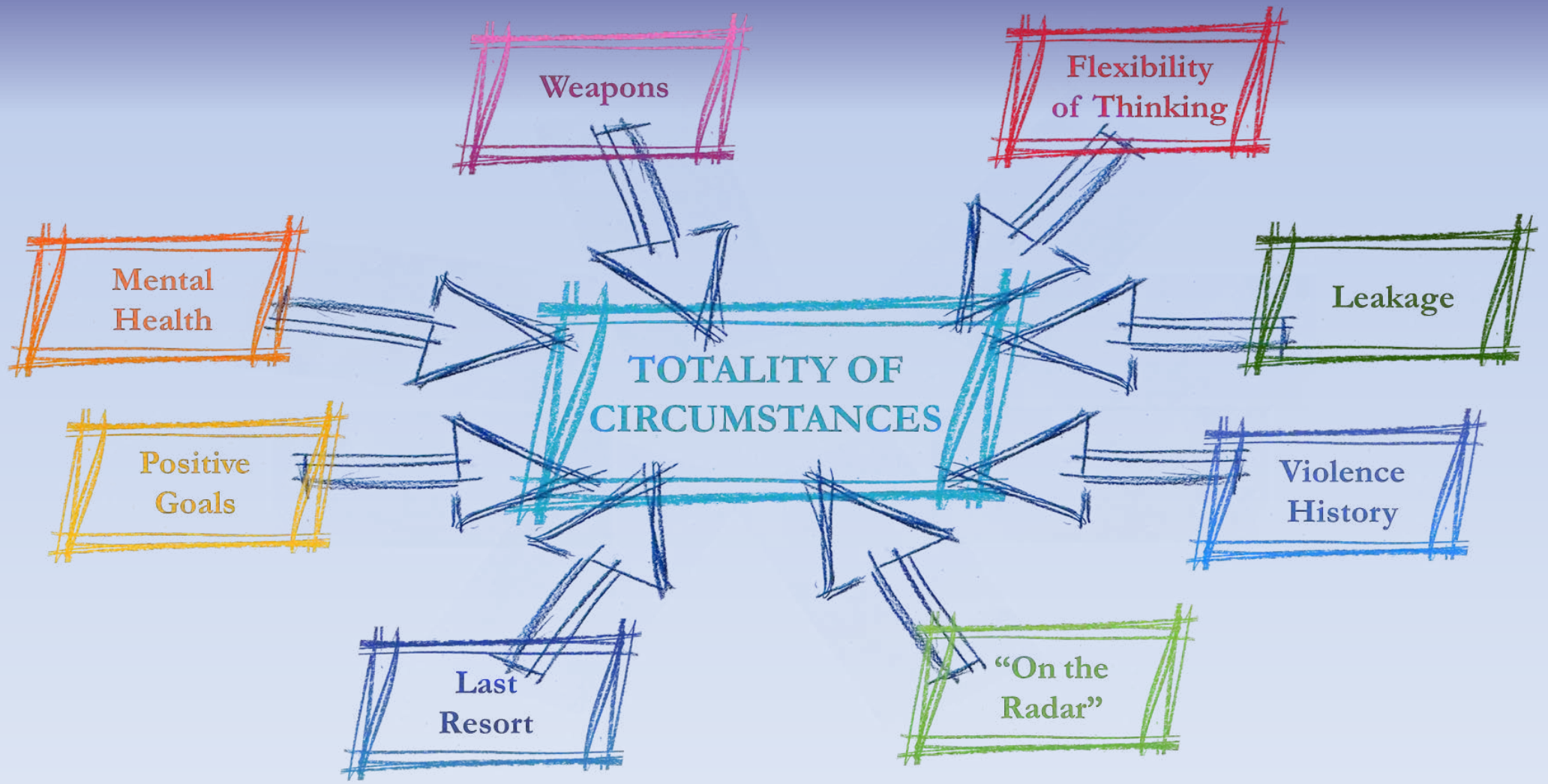
https://www.cdc.gov/niosh/topics/violence/default.html

4

BELIEVE IN YOURSELF

Individuals and Warning Signs

Totality of Circumstance



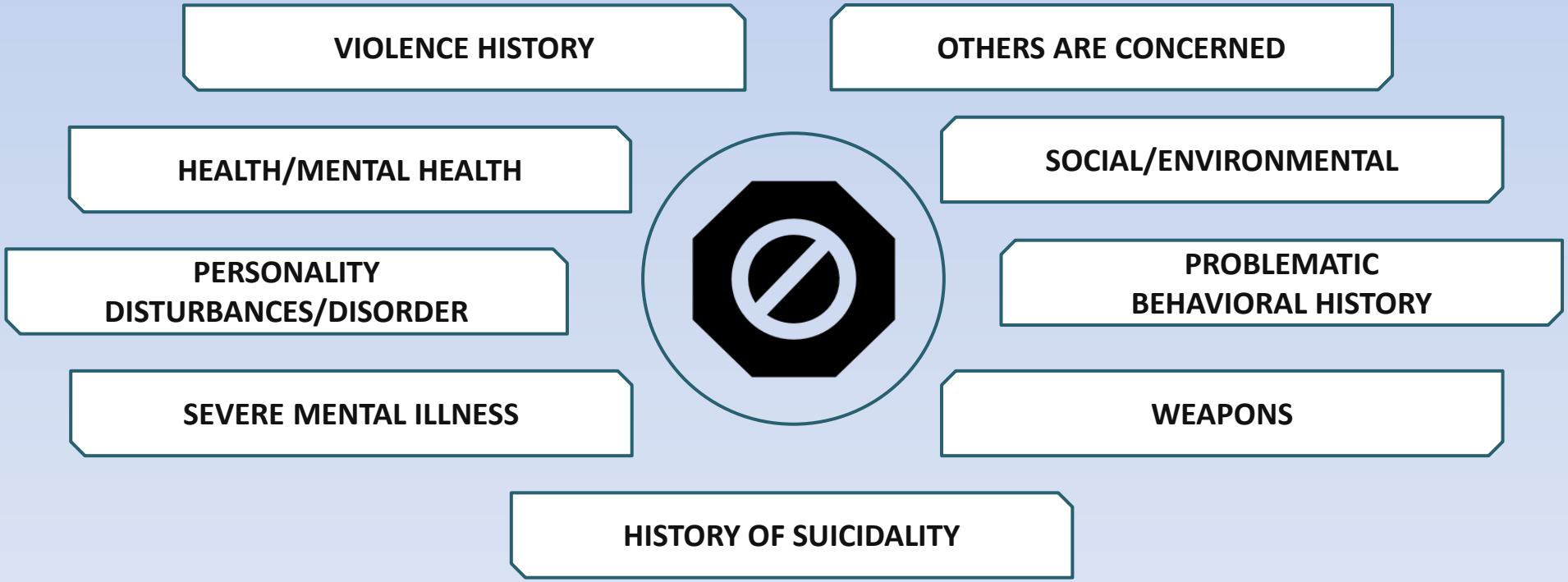
Risk Factors

Triggers and Stressors

Warning Behaviors

Warning Behaviors That Could Signal Imminence

Mitigators


VIOLENCE HISTORY
OTHERS ARE CONCERNED
HEALTH/MENTAL HEALTH
SOCIAL/ENVIRONMENTAL
PERSONALITY DISTURBANCES/DISORDER
PROBLEMATIC BEHAVIORAL HISTORY
SEVERE MENTAL ILLNESS
WEAPONS
HISTORY OF SUICIDALITY

Risk Factors | Triggers and Stressors | Warning Behaviors | Warning Behaviors That Could Signal Imminence | Mitigators

Case Example: Parkland, FL

Warning Behaviors

- Fixation
- Identification
- Novel Aggression
- Leakage
- Directly Communicated Threat
- Approach Behavior
- Pathway to Violence Warning Behaviors
- Behavior that Could signal Imminence

A little girl just came up to the ice cream truck and asked if she could buy ice cream with a blue rock she found. I am now one blue rock richer.

Pathway to Violence Warning Behaviors

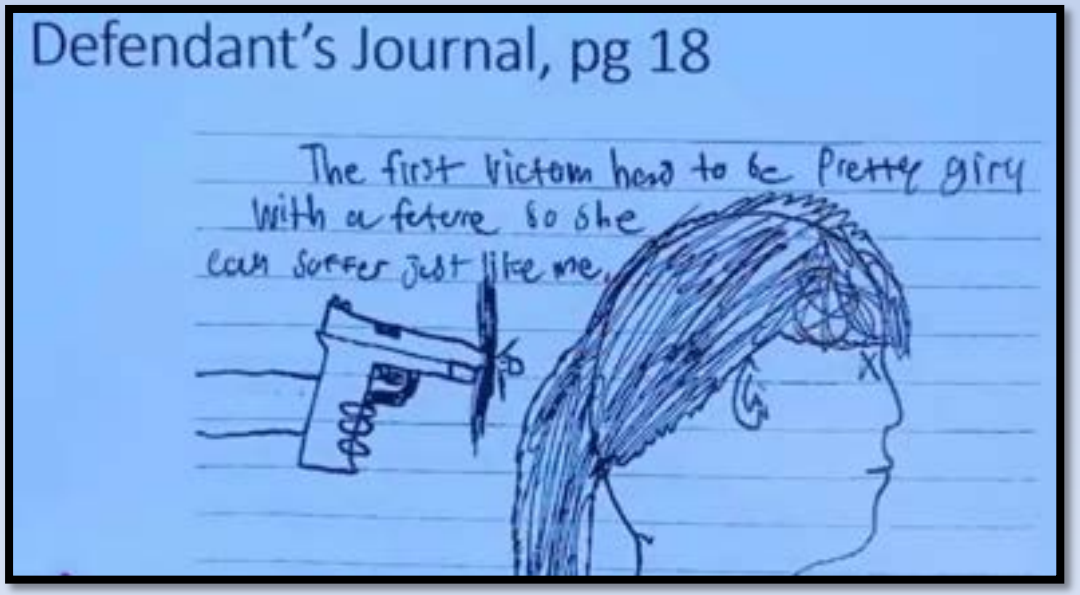
Escalation Pathway

Adapted from: Calhoun & Weston, 2003

Pathway to Violence: Grievance

Grievance: the formation of a deeply held personal complaint, resentment, or humiliation based upon real or perceived injustices inflicted upon the grievant. It is **highly personal** and can cause great distress. This feeling of being wronged often generates behaviors related to a sense of mission, destiny, loss, or a desire for revenge.

Adapted from: Dias and Talbot, 2024



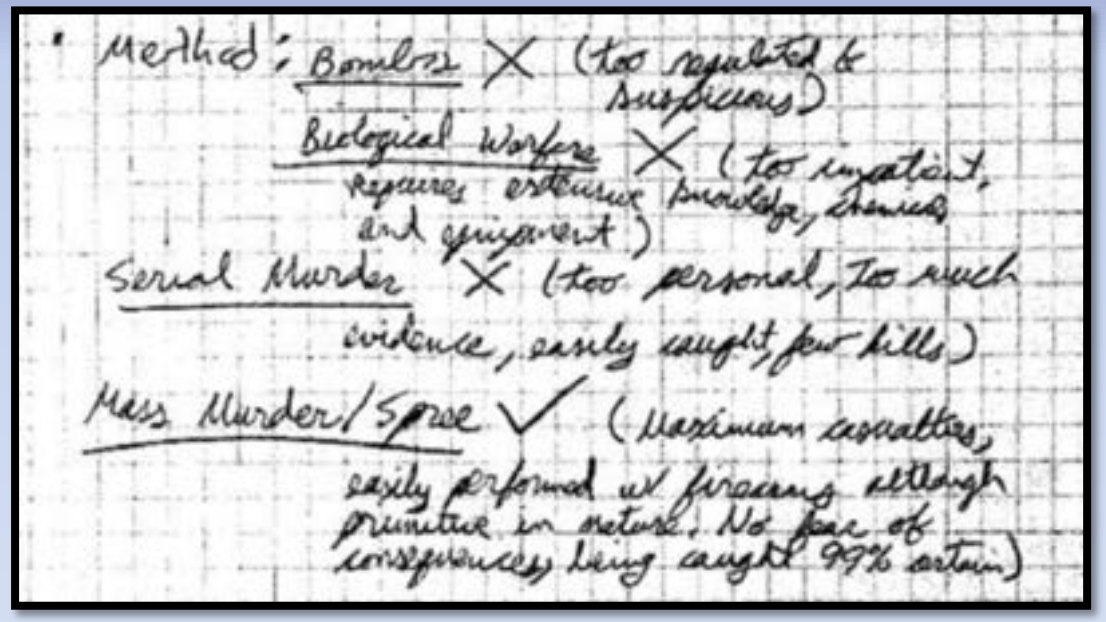
This is from the Oxford High School offender's journal. "The first victim has to be pretty girl with future so she can suffer just like me."

Pathway to Violence: Preparation for Violence

Preparation for Violence: Once an individual decides that violence should or must be used to seek justice for real or perceived wrongs, under most circumstances they must then begin to think and plan.

After deciding on a course of action and conducting the necessary background work, an individual may begin to **prepare physically and psychologically to conduct an actual attack.**

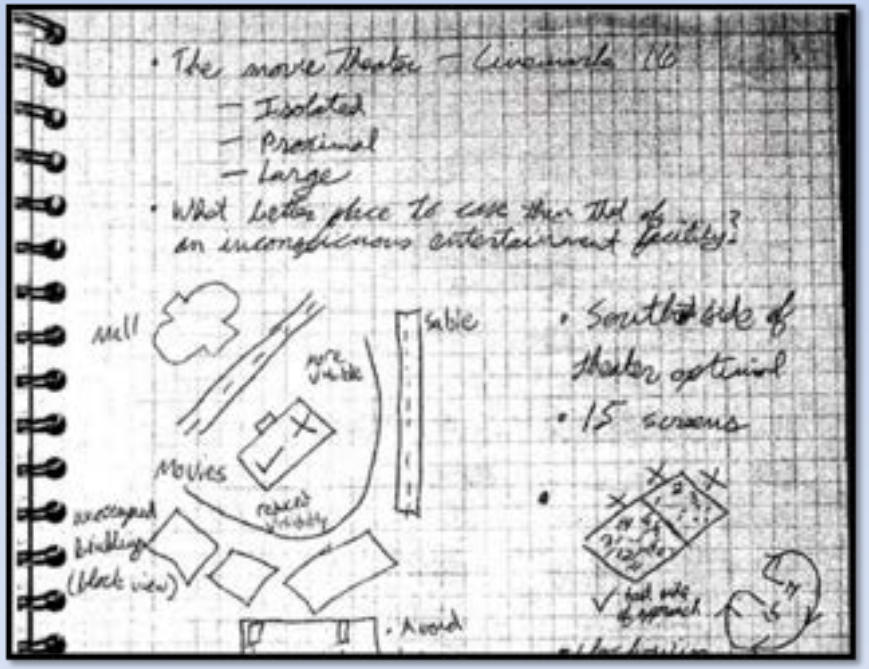
Adapted from: Dias and Talbot, 2024



The Aurora movie theater offender noted in his journal about the methods he could use – “bombs (too suspicious), Biological warfare (requires chemicals and equipment), Serial Murder (too personal-few kills), Mass Murder/Spree (Maximum Casualties, Easily Performed).”

Pathway to Violence: Probing/Breaching

Probing/Breaching: involves an individual **<u>circumventing both physical and online security measures</u>** at the target location and can include activities such as: conducting dry runs, engaging in approach behaviors including stalking, and testing physical security at the target location.



The Aurora movie theater offender journaled – "What a better place to case than that of an inconspicuous entertainment facility."

Risk Factors

Triggers and Stressors

Warning Behaviors

Warning Behaviors That Could Signal Imminence

Mitigators

Warning Behaviors that Could Signal Imminence

- Energy burst behavior
- End of life planning
- Last resort
- Sudden withdrawal from life pattern
- Sudden cessation of medications or other substance use

Adapted from: *Making Prevention a Reality: Identifying, Assessing, and Managing the Threat of Targeted Attacks* – FBI

Risk Factors

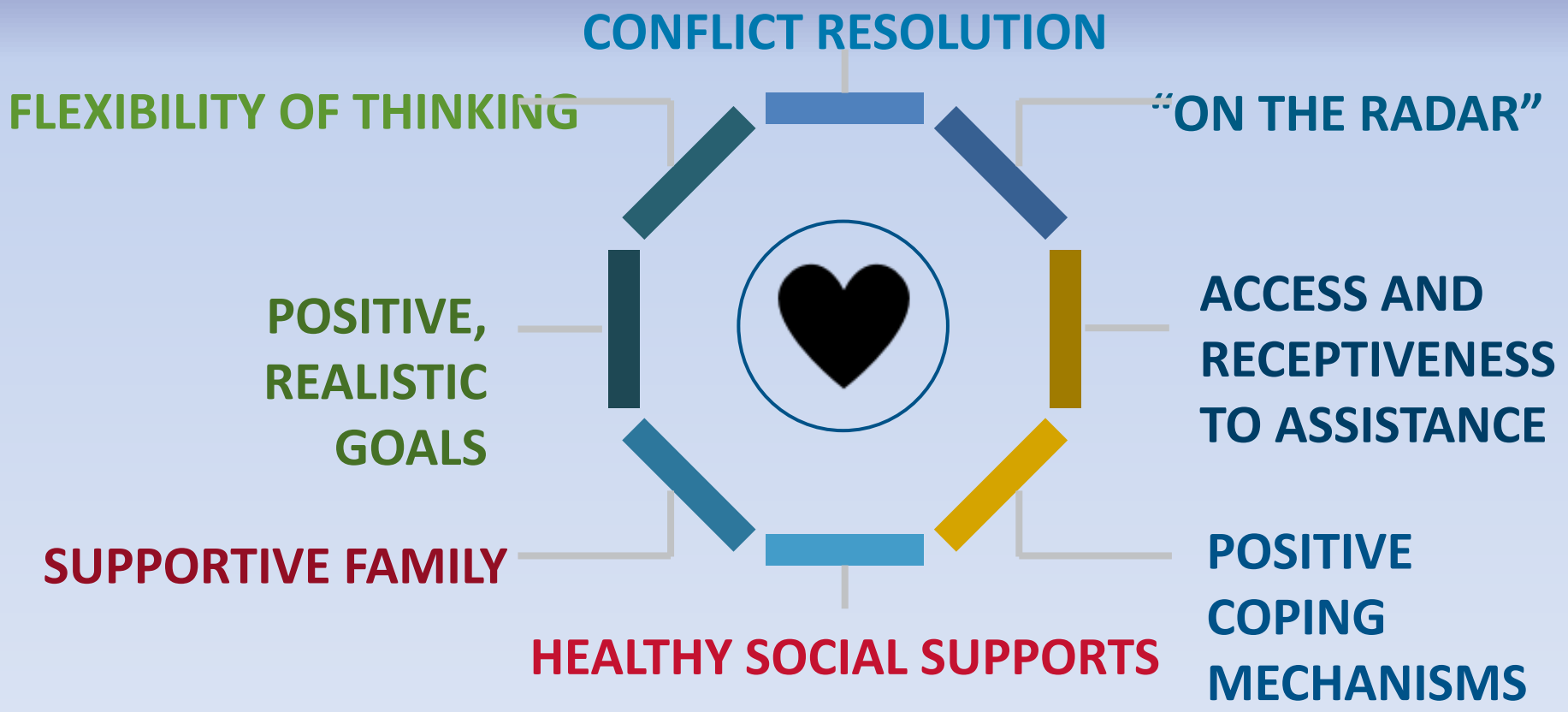
Triggers and Stressors

Warning Behaviors

Warning Behaviors That Could Signal Imminence

Mitigators

Mitigators



Adapted from: *Making Prevention a Reality: Identifying, Assessing, and Managing the Threat of Targeted Attacks* – FBI

Key Components of the Behavioral Threat Assessment Management Teams

BTAM Teams

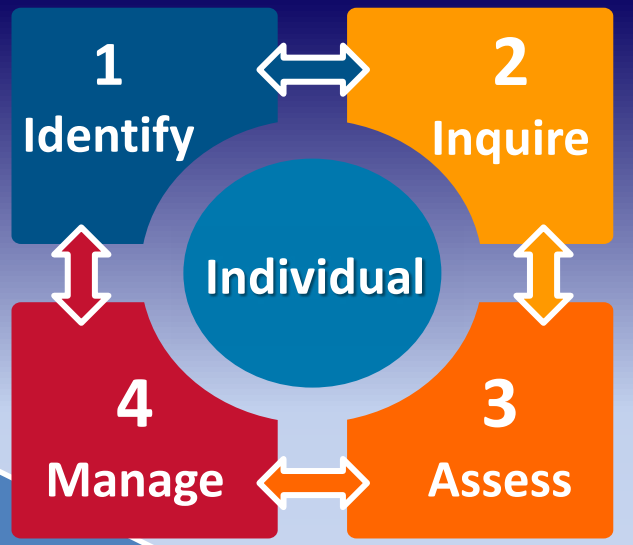
- Threat assessment and management teams are effective proactive and protective measures that are designed to **prevent – not predict** – potential acts of targeted violence and terrorism.

- Through identifying and managing potential threats, these teams provide **alternatives to investigation and/or prosecution** for bystanders who are actively seeking intervention assistance with a known individual at risk of mobilizing to violence. (USDHS, 2021)

BTAM Team Members

- Administrators,
- Mental health providers
- Social service provider
- Faith leaders
- Medical personnel
- TA Professionals
- Law enforcement
- Technology experts
- Risk Management
- Legal
- Security
- Emergency Management
- Others?

What do BTAMs Teams do?



Identify Persons of Concern

- Concerning behaviors
- See something, say something <u>right away</u>

Gather Information

- Risk factors
- Protective factors
- Triggers

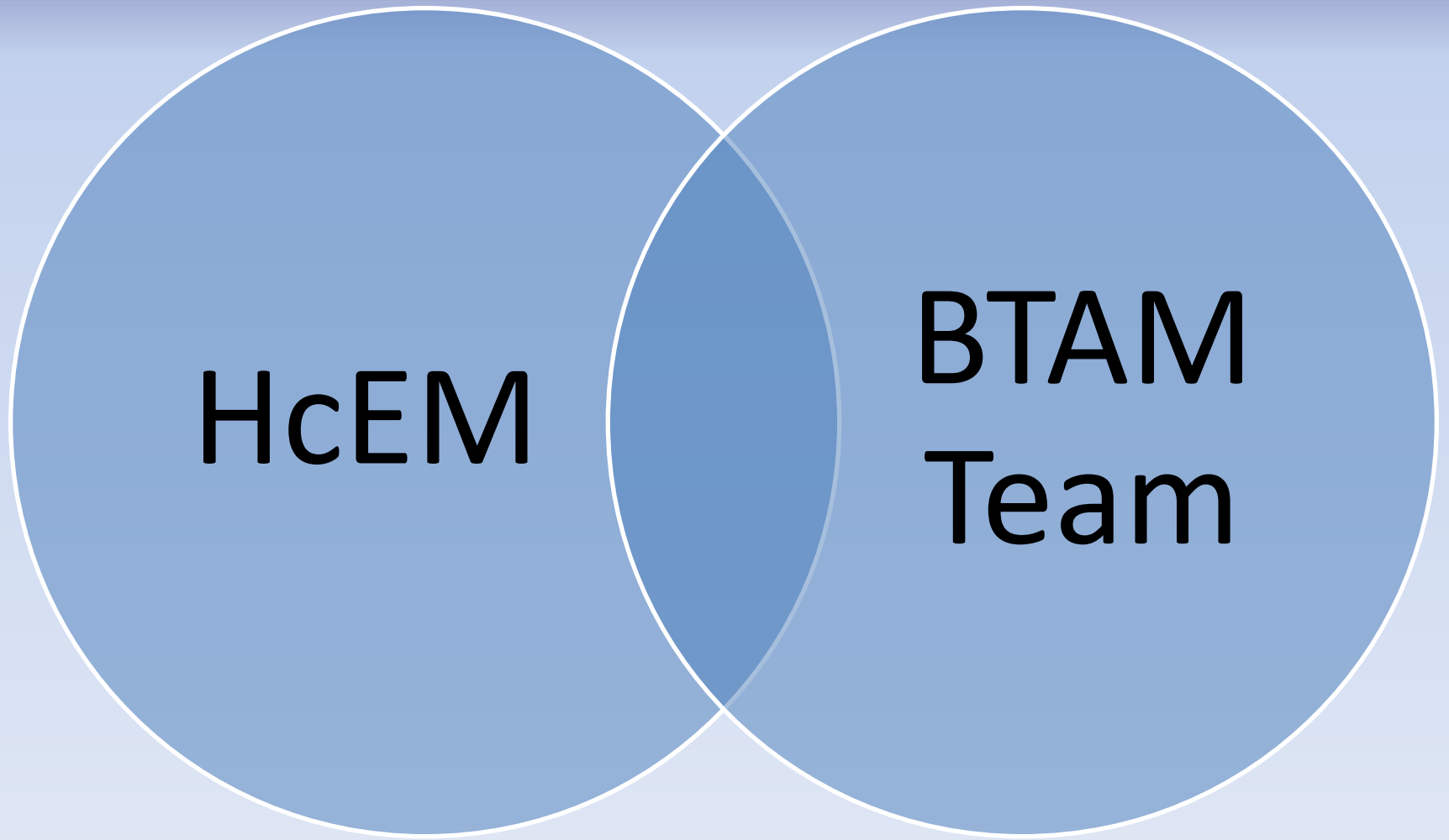
Assessment

- Level of concern
- Provide assessment to appropriate parties

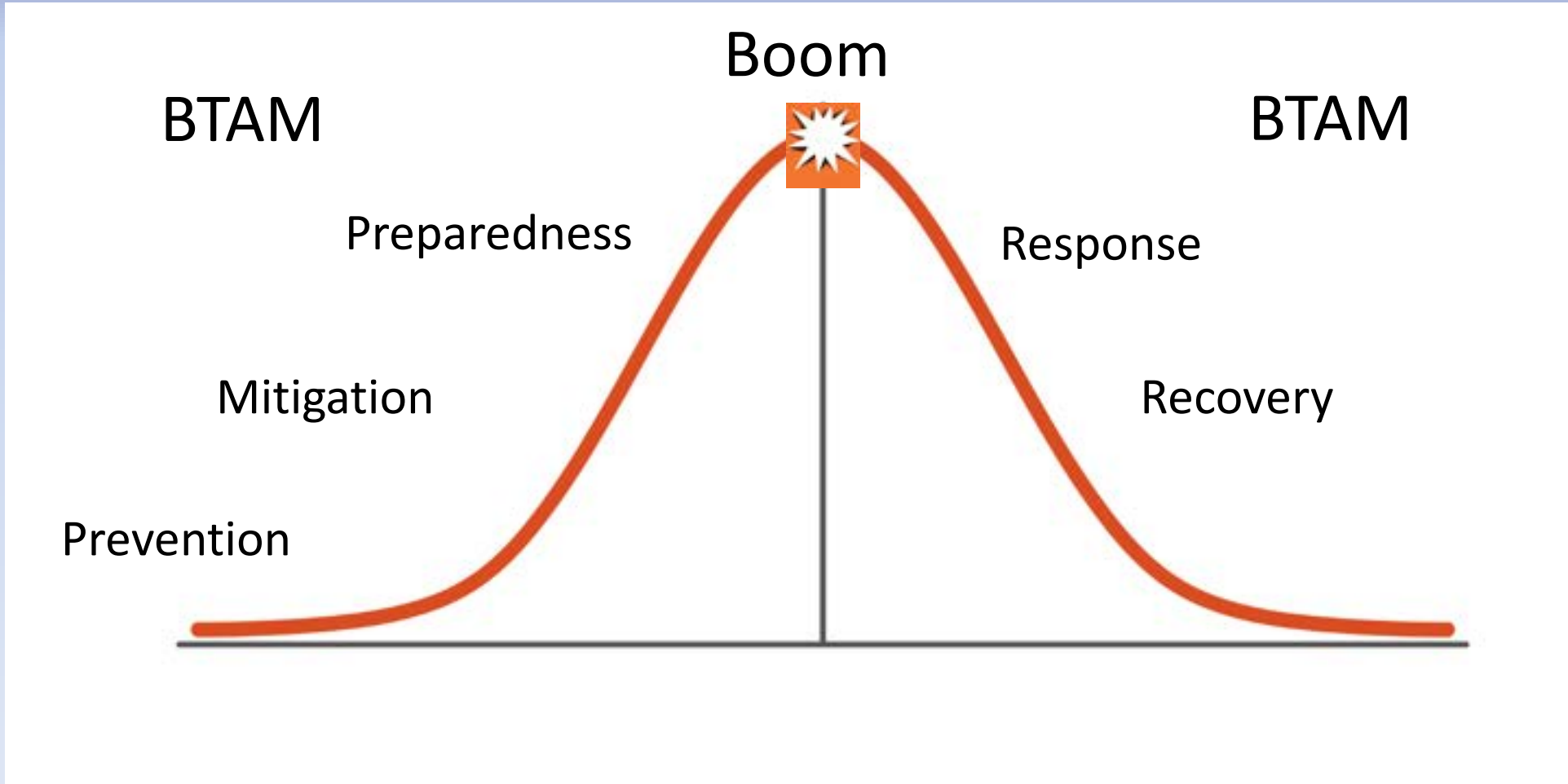
Management

- Policies & procedures
- Authority
- Training
- Reporting channels

Goal of the CP3 Grant



HcBTAM & HcEM/PHEM



Contact

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- Kristine Sanger

- AHEPP
- ahepp@ahepp.org

AHEPP HcBTAM Post-Presentation Questionnaire

Where Can I Learn More?

DHS Center for Prevention Programs and Partnerships (CP3)

- https://www.dhs.gov/CP3

Association of Threat Assessment Professionals (ATAP)

- https://www.atapworldwide.org/

Association of Healthcare Emergency Preparedness Professionals (AHEPP – Soon)

- www.ahepp.org

Secret Service – National Threat Assessment Center

- https://www.secretservice.gov/protection/ntac

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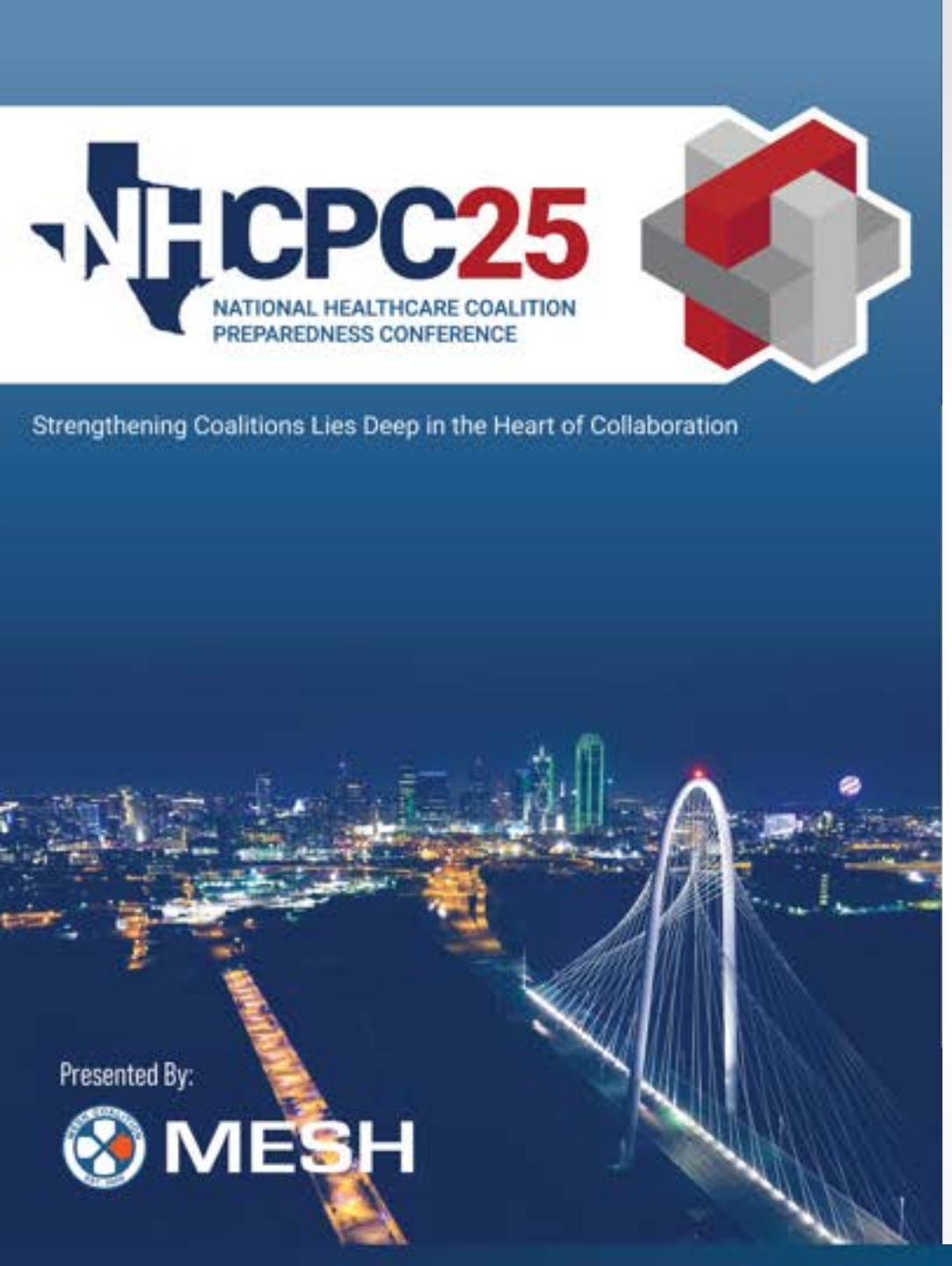


Blazing The Trail:

Burn Disaster Readiness in the Midwest

Judy L Placek, MSN, APRN, FNP-BC, CBRN

Blazing The Trail:

Burn Disaster Preparedness In The Midwest

Judy L Placek, MSN, APRN, FNP-BC, CBRN

Burn Specialty Team Lead, Region VII Disaster Health Response Ecosystem

Objectives

1. Discuss the importance of regional collaboration in disaster preparedness

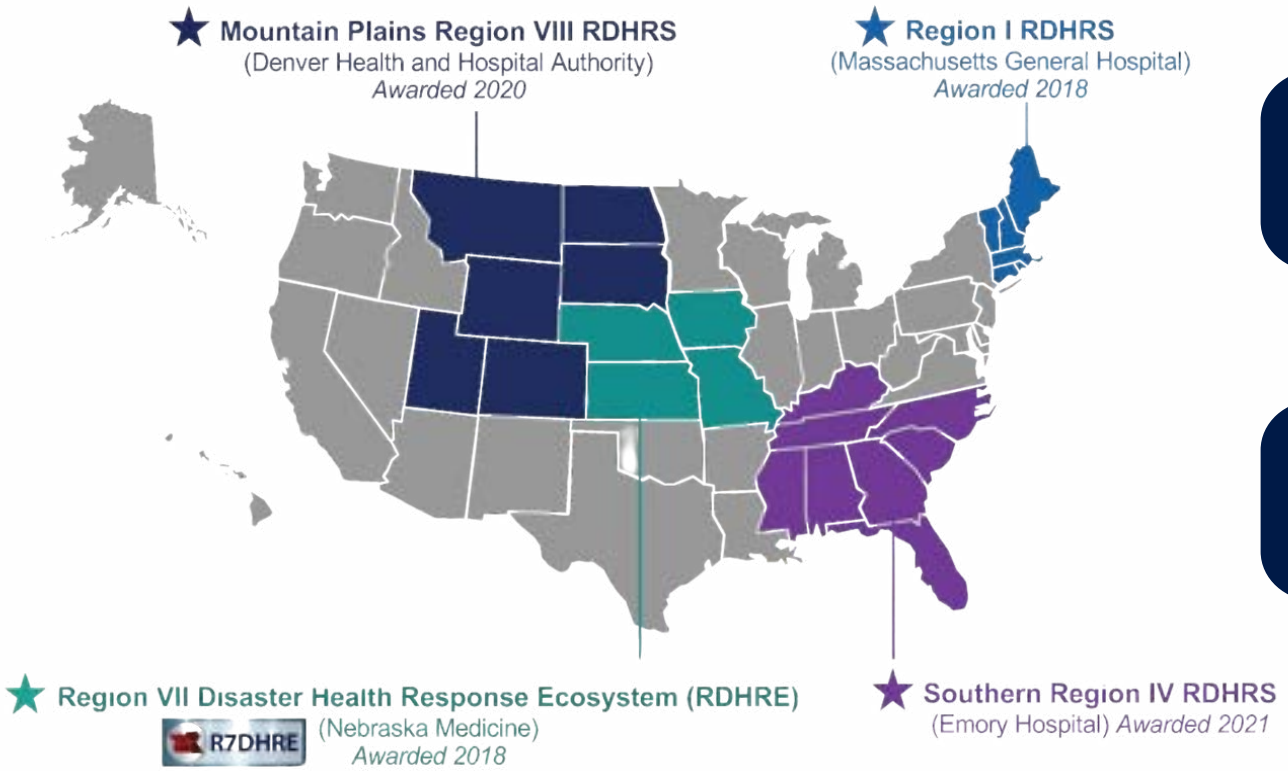
2. Analyze the key components of the Midwest Region burn Disaster Plan

Introduction to the RDHRS & ABA Midwest Burn Region

Regional Disaster Health Response System

4 Sites throughout the nation

24 States served by RDHRS sites



200+ Disaster SME's

116+ million Population served by RDHRS sites

Key Capabilities

The Regional Disaster Health Response System (RDHRS) is a tiered system that builds upon and unifies existing assets within states and across regions to support a more coherent, comprehensive, and capable health care disaster response system able to respond to health security threats.

R7DHRE Specialty Teams

The R7DHRE specialty teams bridge the gap that may exist between local resources and federal asset arrival. Specialty Team(s) may deploy or may use telehealth or other communication platforms to provide quick subject matter expertise and/or technical assistance when an event happens requiring their focused expertise.

BIOLOGICAL

BURN

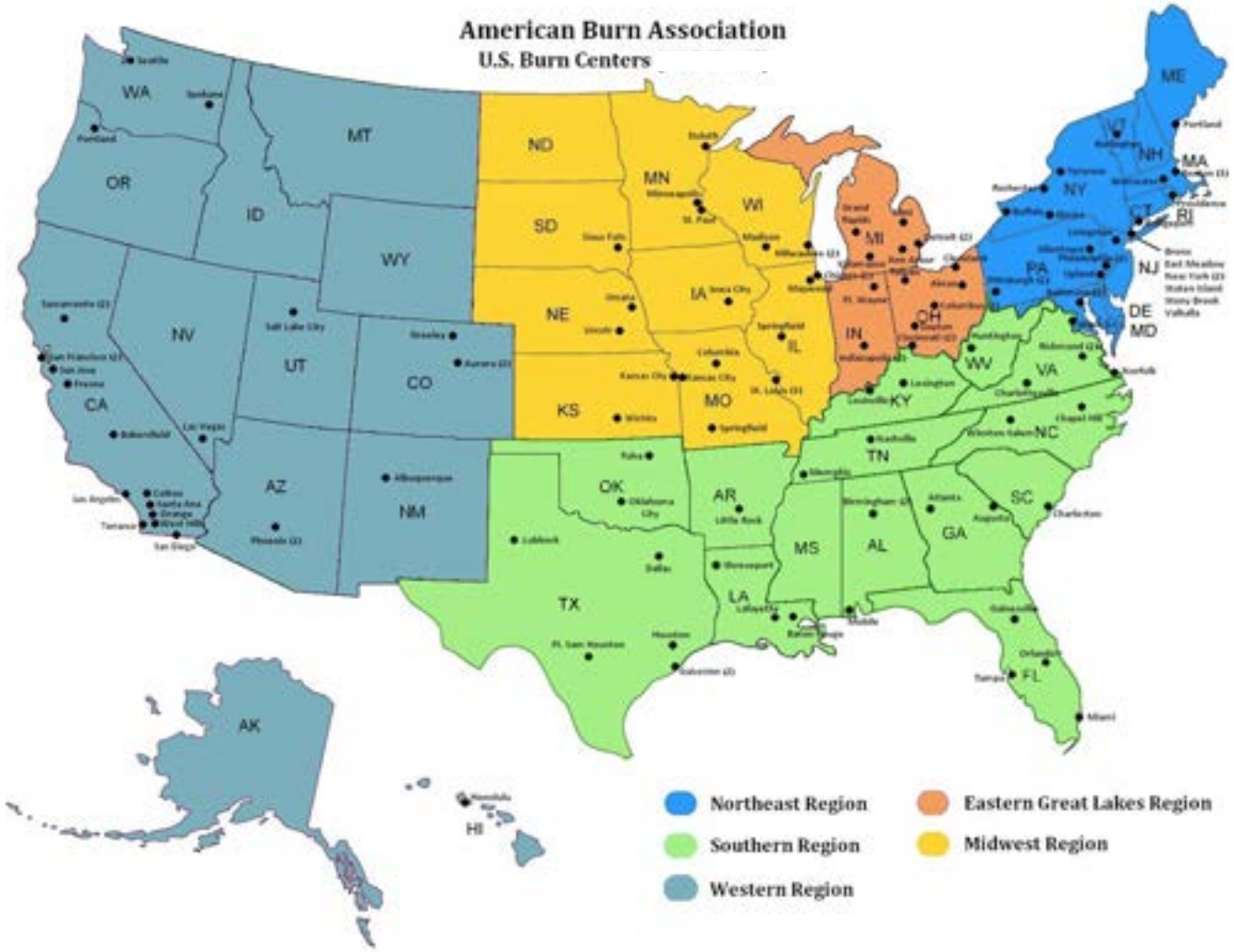
RADIATION

CHEMICAL

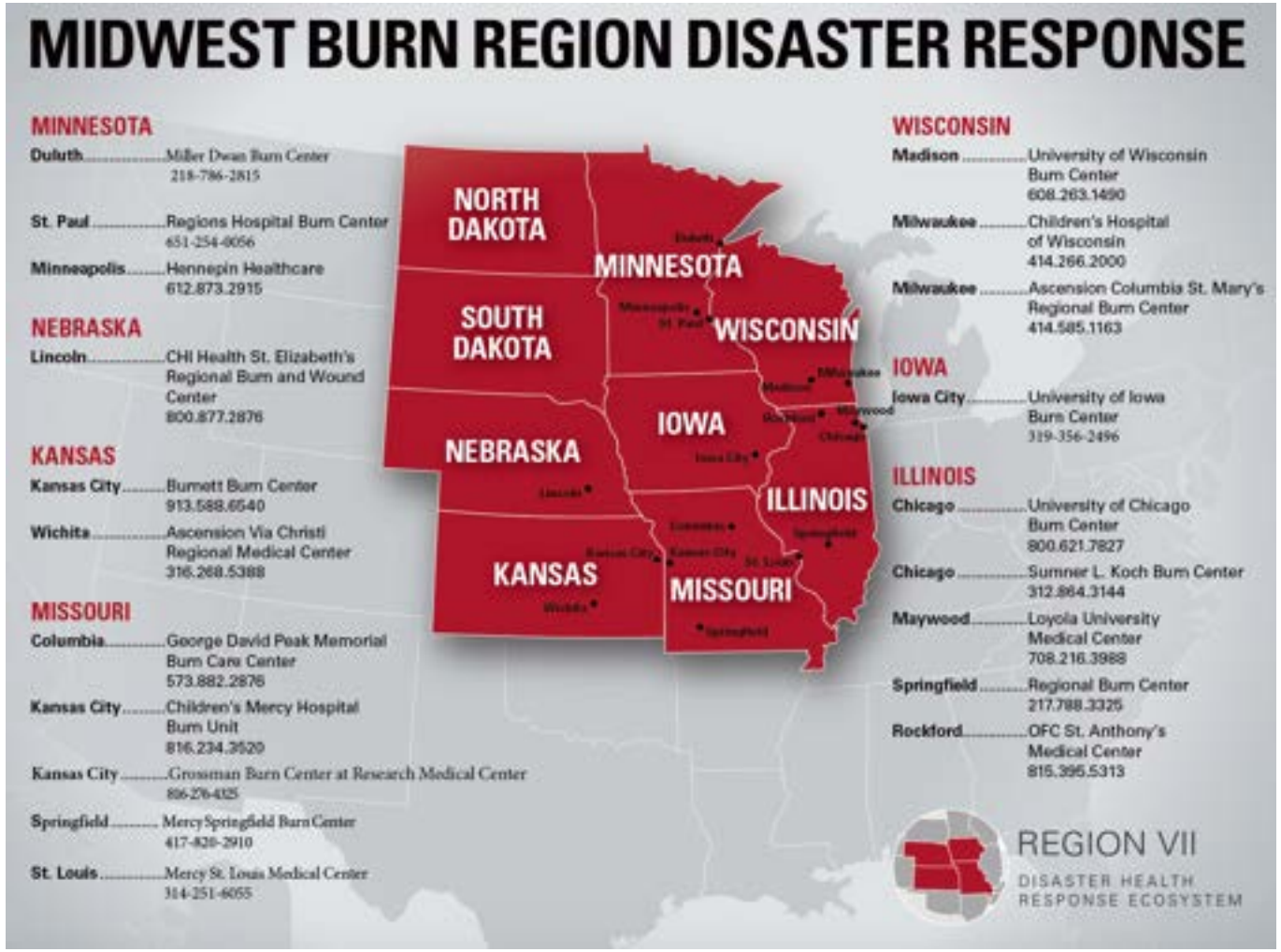
TRAUMA

PEDIATRICS

American Burn Association (ABA) – U.S. Burn Regions



ABA – Midwest Burn Region



Burn Disaster Readiness in the United States

Where are we and how do we improve?

Key Principles

- *Different focus*: population, rather than individual

- *Different goal:* greatest good for the greatest number
  - not the usual goal of greatest good for an individual

- NOT simply doing more of the same

Why is it important to plan?

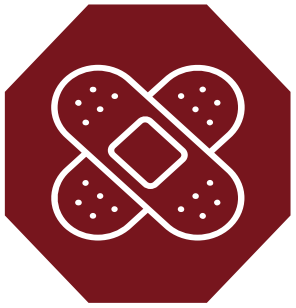
- Planning ultimately influences the impact of a disaster on a community
- Saves countless lives, speeds up people's recovery and saves money
- Being prepared can reduce fear, anxiety and losses that accompany disasters
- Disaster preparedness plays an important role in building the resilience of communities

Preparedness Pitfalls

- Deprioritize: “it will never happen to us”
- Incentives not aligned with real readiness
  - Accreditation
  - External Funds
- Not integrated with other local plans
- Plans on paper does not equal preparedness
- Disaster planning is for administrators only
- Each hazard needs its own plan

What is a Burn Mass Casualty Incident (BMCI)?

"A catastrophic event in which the number of burn patients exceeds the capability (resources) of local or regional burn centers to provide optimal burn care."



SUPPLIES

STAFF

SPACE

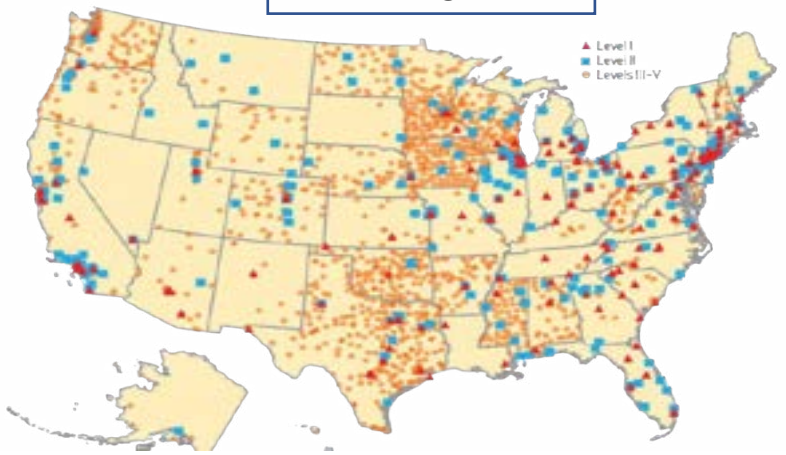
TRANSPORT

BURN CENTERS

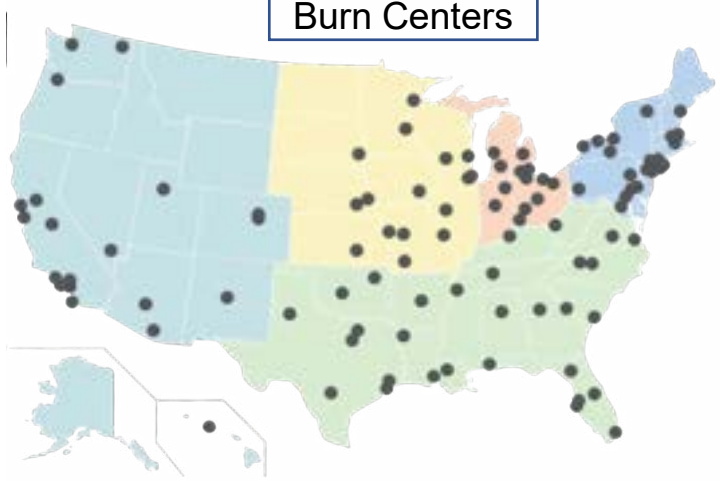
Challenges Unique to Burn Care in the United States

- Burn centers face surge capacity concerns
  - Limited staffing
  - Bed space
  - High patient acuity
- American Burn Association (ABA) regions not aligned with HHS regions
- Uncertainty in resource mobilization
  American Burn Association (ABA) vs HHS

Trauma Centers



Burn Centers



Specialized Care for Burn Patients

01

Length of Stay

One day of hospitalization per percent TBSA burned

50% TBSA Burn = ~50 days of inpatient hospitalization

02

Hospitalization

Require lengthy course of inpatient treatment from a multidisciplinary team

03

Medications

Pharmaceutical needs increase for burn patient compared to trauma patients

1 adult burn patient with 50% TBSA burns can utilize 20-25L of LR within 24 hours & 250mg of morphine

04

Wound Care

Long-term outcome of the patient depends on effective treatment of the burn wound

Role of the Burn Center

- Early in a burn mass casualty, burn centers can assist with patient triage and transport decisions
- Ability to provide telehealth or teleconsultation - *varies from burn center to burn center*
- Following initial stabilization, burn centers can then provide definitive care given expertise in burn physiology, operative management and rehabilitation

Understanding Hospital Resources

Capacity: Space for casualties > normal level of resources

- Expedient in-patient & ER discharges
- Patient movement out of ICUs
- Cancellation of elective surgery & clinics
- Repurpose space (PACU, Outpatient Clinics Etc.)

Capability: Ability to care for casualties who utilize the surge capacity

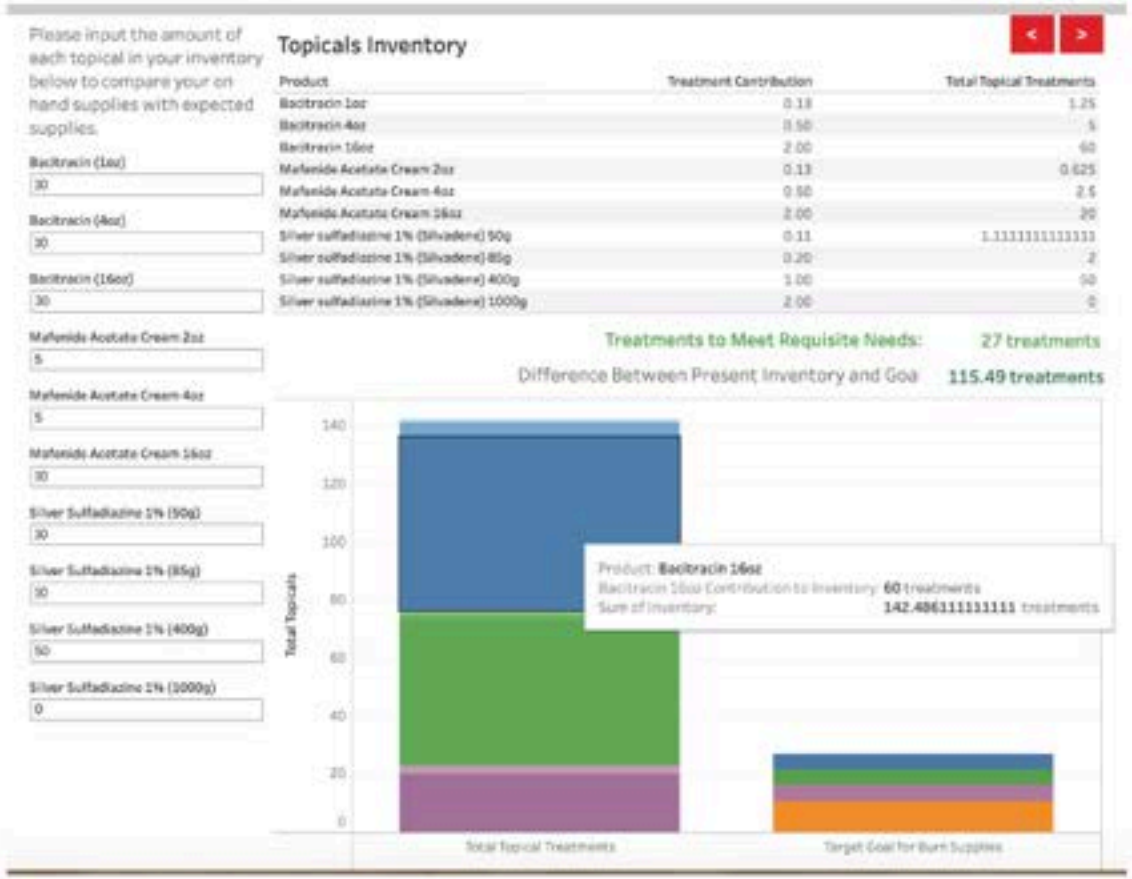
Capacity ≠ Capability

ASPR TRACIE DASH Tool

Disaster **A**vailable **S**upplies for **H**ospitals

Burn Supply Module

- Estimates supplies needed for initial dressings, topical treatments, and patient care. It does not address staff, space or specialty care burns.
- Should be completed as a compliment to the Pharmacy, PPE and Trauma modules.
- Intended to be used for *PRE*-incident planning and not during an incident.
- The module outputs may be used to determine reasonable stock levels for facilities to have available.



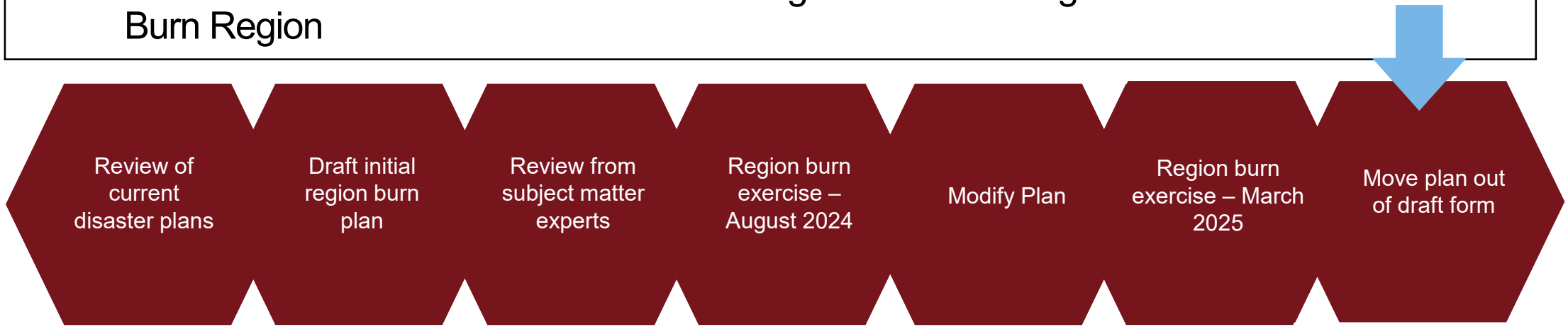
Midwest Region Burn Disaster Plan

Nebraska State Burn Annex

- All disasters start at the local level – state annexes will support response during a surge event
- Goal is to augment plans at the state level during a surge event
- Does not supersede individual facility plans
- Document reviewed and consensus reached (by state trauma board) as an appropriate annex to add to the Nebraska State Emergency Operations Plan
- How does this get adopted at the state level and where will it live?

Midwest Region Burn Plan

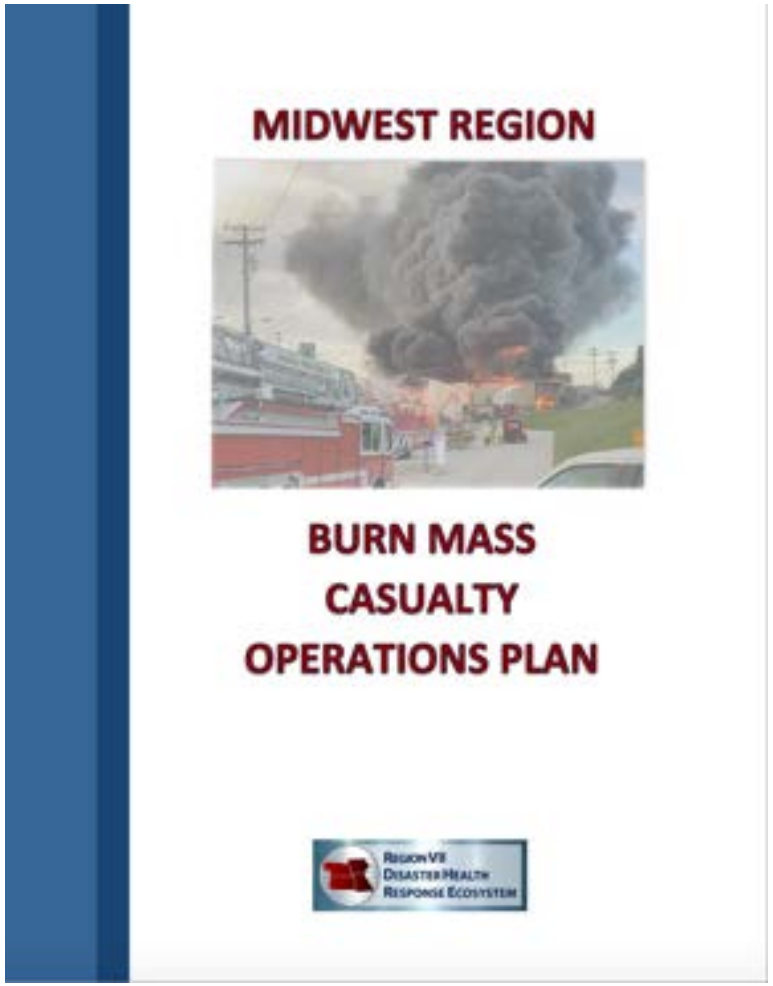
- ABA Midwest Region had no formal region disaster plan
- Developed to provide guidance for healthcare coalitions, burn centers, state public health preparedness professionals, healthcare entities and other stakeholders when planning for a BMCI
- Identifies the mechanisms and processes that will be used to ensure best possible patient care for burn patients
  - Role of coordinating center during a disaster
  - Support that can be provided by the American Burn Association
  - Collaboration with other disaster entities/organizations throughout the Midwest Burn Region



Midwest Region Burn Plan

- When an impacted burn center recognizes that the incident may result in the potential or actual overwhelming over local resources, that center reaches out for region support through the coordination center prompting activation of the region burn plan.

- The MRBCC can assist with:
  - Identifying available burn beds within the region
  - Resources including supplies
  - Identify and confirm acceptance of patients to other burn facilities
  - Telemedicine, if requested



R7/Midwest Region Burn Exercise

August 2024 & March 2025

Midwest Region Burn Exercise – August 14th, 2024

Quick Facts

- 4-hour virtual exercise
- Over 120 participants from 53 different organizations
- Local (healthcare coalition coordinators, state (DHHS, public health) and regional (HHS-ASPR) partners
- Burn centers & trauma centers

Exercise Scenario

- Inclement weather event in which a fire breaks out at a local wedding venue
- Several adult and pediatric burn victims with concomitant trauma

Exercise Objectives

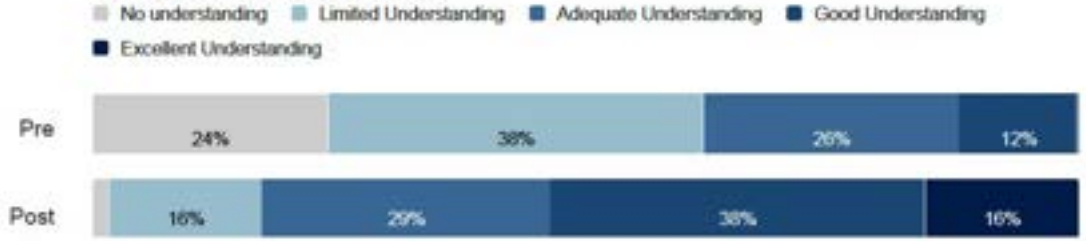
- Identify the communication, coordination and transfer process of patients within the Midwest Burn Region during a large-scale event
- Discuss and define the burn plan and/or process for acquiring additional supplies for burn patients at a frontline facility during a prolonged delay to a burn center
- Review existing burn care assets and identify gaps that may occur

2024 Exercise Survey

The Midwest Burn Region's communication and coordination process for handling a surge of burn patients during a burn surge event.

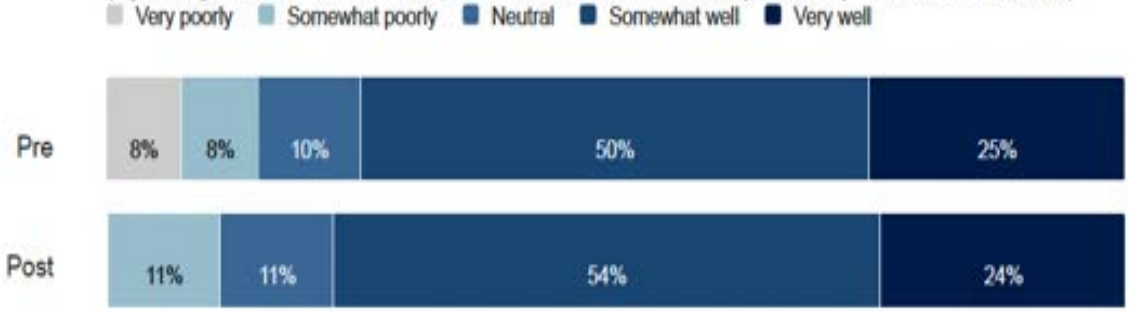
The Midwest Burn Region's transfer process for moving burn patients during a burn surge event.

How the HHS Region 7/DHRE and American Burn Association work together during a burn surge event.



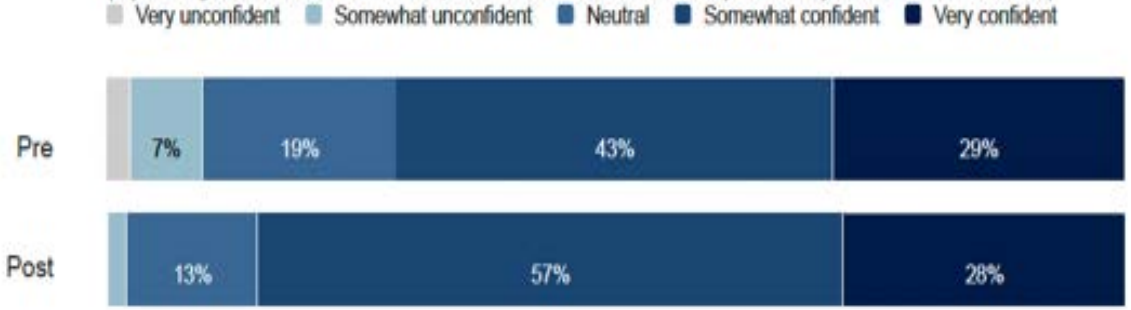
How well do you understand the coordination procedures for patient triage/transfer between your facility and a burn center?

(If your organization is a burn center, consider coordination between your facility and other burn centers)



How confident are you in the ability of your facility/organization to move burn patients during a disaster to burn centers?

(If your organization is a burn center, consider movement between your facility and other burn centers)



After-Action Report – August 14th, 2024

Strengths

- Improved understanding of resources available
- Familiarity with regional partners
- Development of regional plan and processes
- Communication and coordination
- Relationships with the burn center

Opportunities for Improvement

- Desire for EMS participation
- More interaction/participation during exercise
- Patient/bed tracking variances/transport gaps
- Lack of awareness of regional coordination center

Actions

- Plan for next regional exercise and training opportunity bringing as many players to the table as possible in spring 2025; add breakout rooms for more interaction, transport component to exercise play
- Continue assisting with communication/dissemination of the plan (edits and updates) emphasizing role of coordinating center
- Work with region partners to ensure their procedures/policies are in alignment with the region plan

Midwest Region Burn Exercise – March 5th, 2025

Quick Facts

- 4-hour virtual exercise
- Over 140 participants from 64 organizations
- Local (healthcare coalition coordinators, state (DHHS, public health) and regional (HHS-ASPR) partners
- Burn centers, trauma centers, poison centers

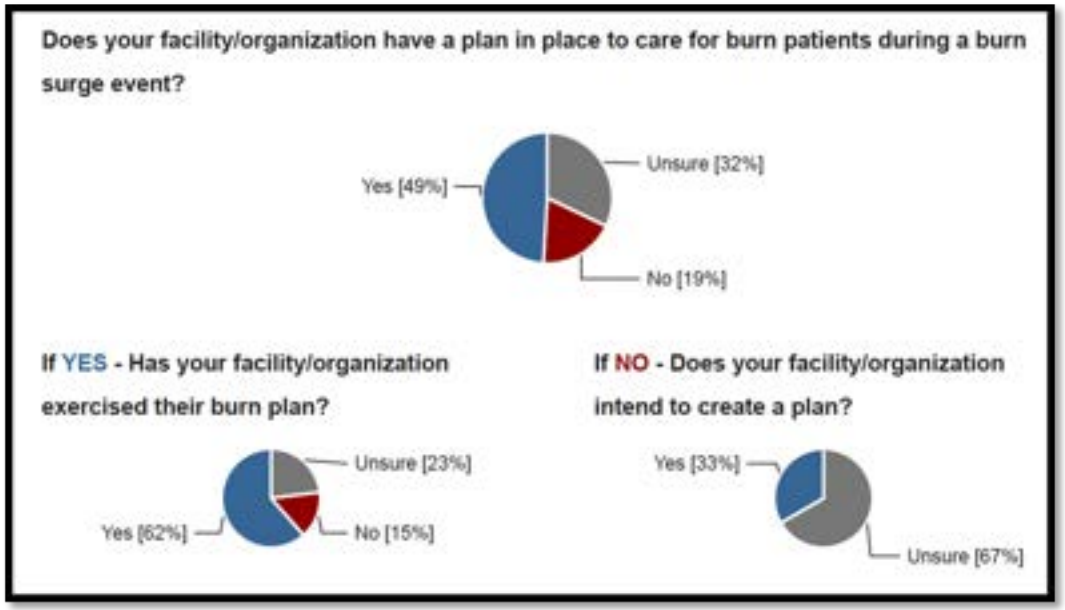
Exercise Scenario

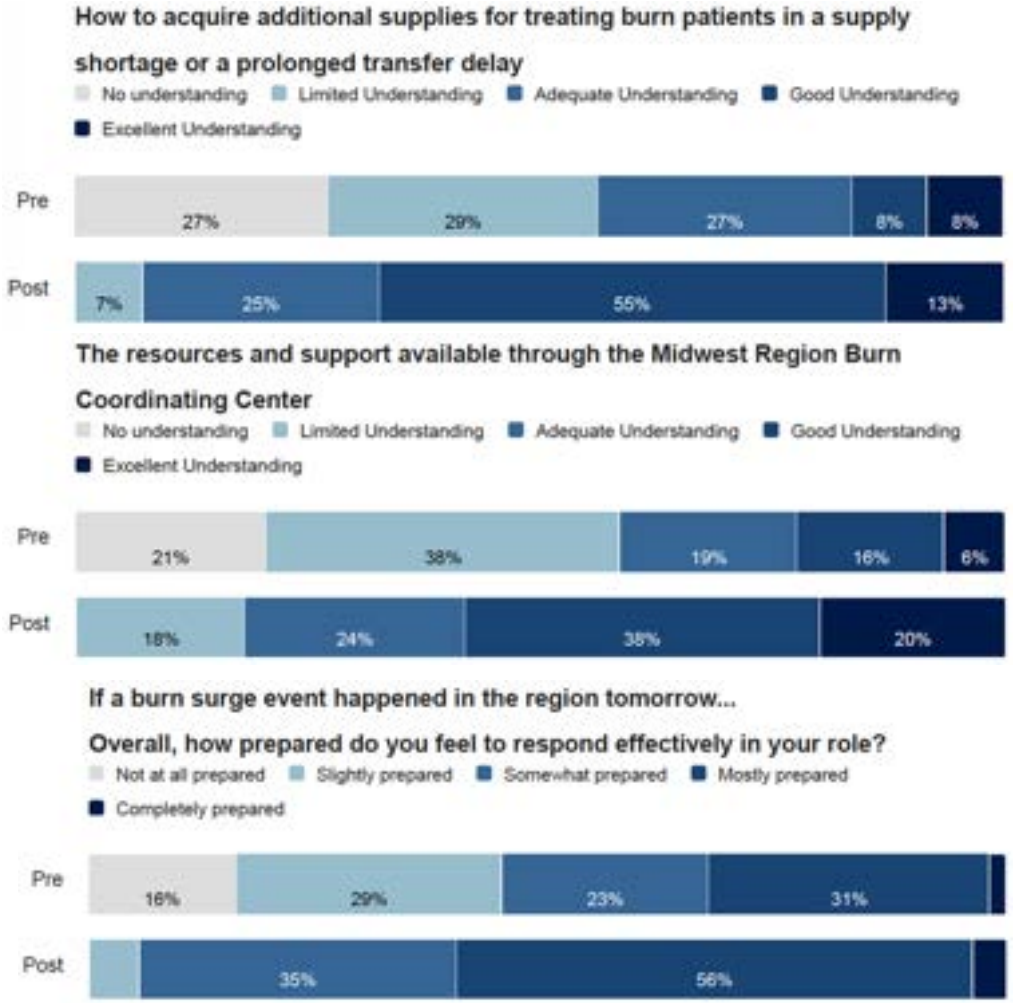
- Hydroflouric acid hose becomes loose at a stadium hosting a large sporting event
- Several people have chemical burns/ lung irritation and are transported to local hospitals needing treatment

Exercise Objectives

- Evaluate the capabilities of pre-hospital coordination in managing patients under surge conditions and training for burn care
- Assess the ability of burn centers to surge during a large-scale burn event
- Discuss the roles and responsibilities of the poison center during a chemical event

2025 Exercise Survey Results





After-Action Report – March 5th, 2025

Strengths

- Strong collaboration between states and within the region. Involvement and support from trauma centers, burn centers, and poison centers.
- Many resources available in the region to coordinate and care for burn patients
- Regional burn plan and existing coordination efforts

Opportunities for Improvement

- Gaps in patient transport and tracking at local and regional levels including lack of clarity around plans/policies and actual ability to transport and track patients
- More clarity on state and regional plans, more training and awareness on relevant state and regional plans and actual logistics of implementation
- Limited supplies – potential shortages of burn and decon supplies, antidotes, and meds

Actions

- Conduct a functional tabletop exercise that tests the plan especially related to patient tracking and transport
- Continue to provide training and share information and knowledge relevant to burn surge planning in the region
- Work towards systems to support capacity and patient management – support regional bed availability and patient tracking and transport

Ongoing efforts in the Midwest Burn Region

Areas for Improvement

- Communication/Coordination/Awareness
- Desire for networking/knowledge sharing
- Patient triage/transfer between facilities and burn centers
- EMS participation during exercises
- Desire for more participation/interaction during exercises
- Support for non-burn facilities
- Burn center telehealth support
- Pediatric disaster focus work
- Supply acquisition strategy

Actions/Current Work

- RMOCC development/PMOCC work
- Development of communication/coordination platforms
- Local/regional exercises
- Development of quick burn references for non-burn providers
- Asynchronous burn module for EMS providers
- ABA development of JITT videos
- Pre-hospital/transport focus for 2026 region exercise
- Collaboration with pediatric COE's to augment resources

Thank you!

"Because all disasters are sudden, unexpected, unpredictable, and random as to the time and place of occurrence, and because disasters are rare, they cannot be managed without established plans that are regularly rehearsed"

- ACS COT Disaster Management and Emergency Preparedness Course

Questions?

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NHCPC25
NATIONAL HEALTHCARE COALITION PREPAREDNESS CONFERENCE

Strengthening Coalitions Lies Deep in the Heart of Collaboration

Presented By:
MESH

Central Region HCC of PA Welcomes the World.

HCC Support of Little League World Series

Jeremy Reese
Emergency Preparedness Coordinator, Geisinger
Mark Trueman,
Deputy Chief, Susquehanna Regional EMS

Our path for the session

Discussion Topics:

Event Background and Overview

HCC and EMS Facilitated Planning Activities

-Drills and Exercises

-Briefings via CRHCC MOCC

Use of PA Health Information System for Communication, Coordination, Patient Tracking and Documentation

HCC acquired assets mobilized to support the event

Background and Event Overview

Over 75 years old, Little League World Series is an International Baseball Tournament hosted in South Williamsport, Pennsylvania each August

10 teams from US regions and 10 teams from International regions compete for nearly 2 weeks for the Little League Championship

The complex includes 2 stadiums Volunteer Stadium which has a capacity of hosting 5000 spectators and Howard J Lamade Stadium which hosts over 40000 spectators in the Stadium on hill on the outfield

LITTLE LEAGUE BASEBALL
WORLD SERIES
WILLIAMSPORT
T-Mobile
Little League World Series

Background and Event Overview

Event is televised on ESPN and ABC along with various other National and International media outlets.

Dignitary visits to the visit include POTUS, VPOTUS, famous athletes, and State and Regional dignitaries.

Participating teams are housed on site in a dormitory type complex that includes a recreational area.

Coinciding Events include the Little League World Series Parade, MLB Classic, and Williamsport Welcomes the World Festival

Grand Slam Parade

MLB Classic – Held on the first Sunday of LLWS

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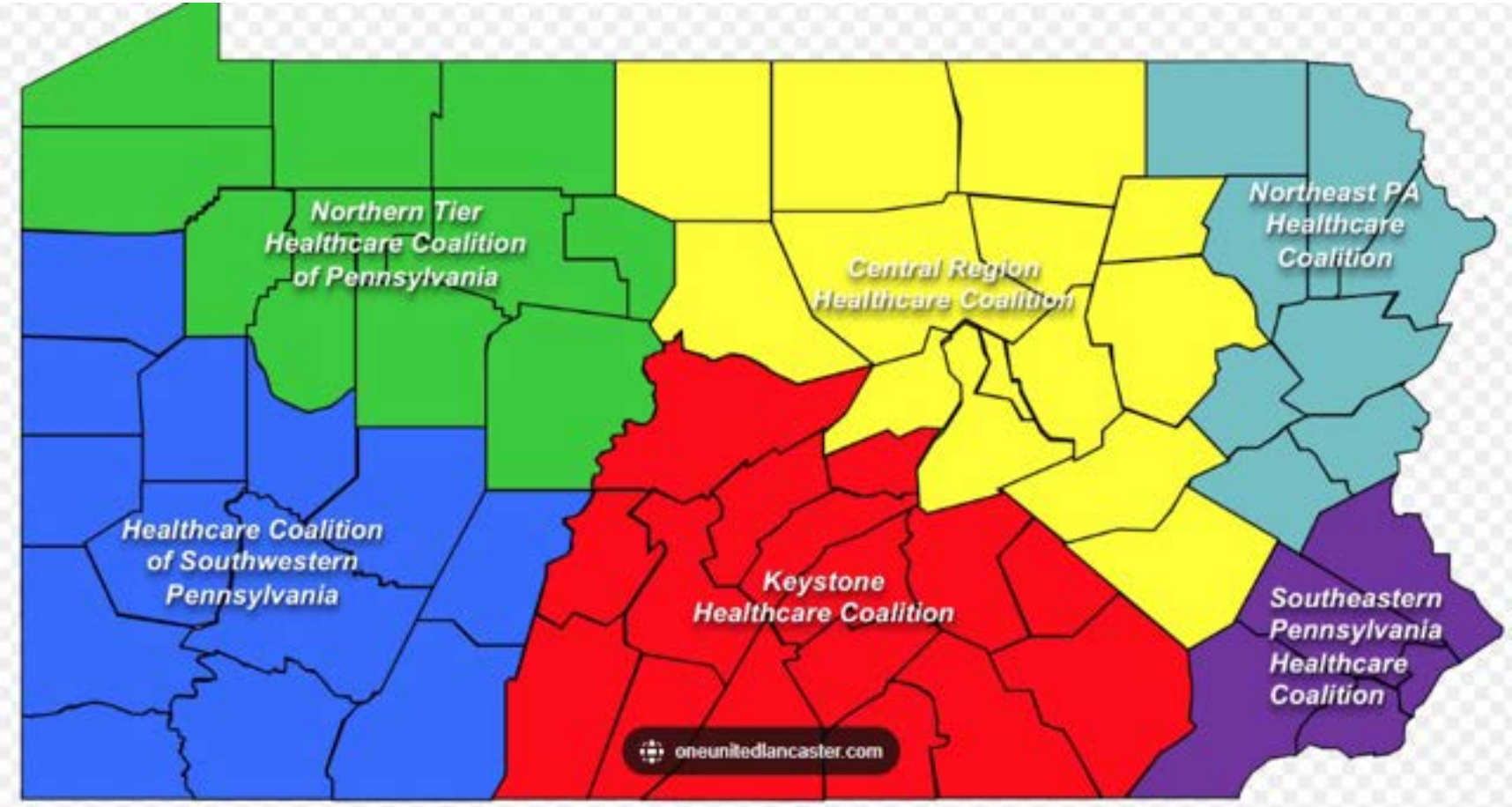
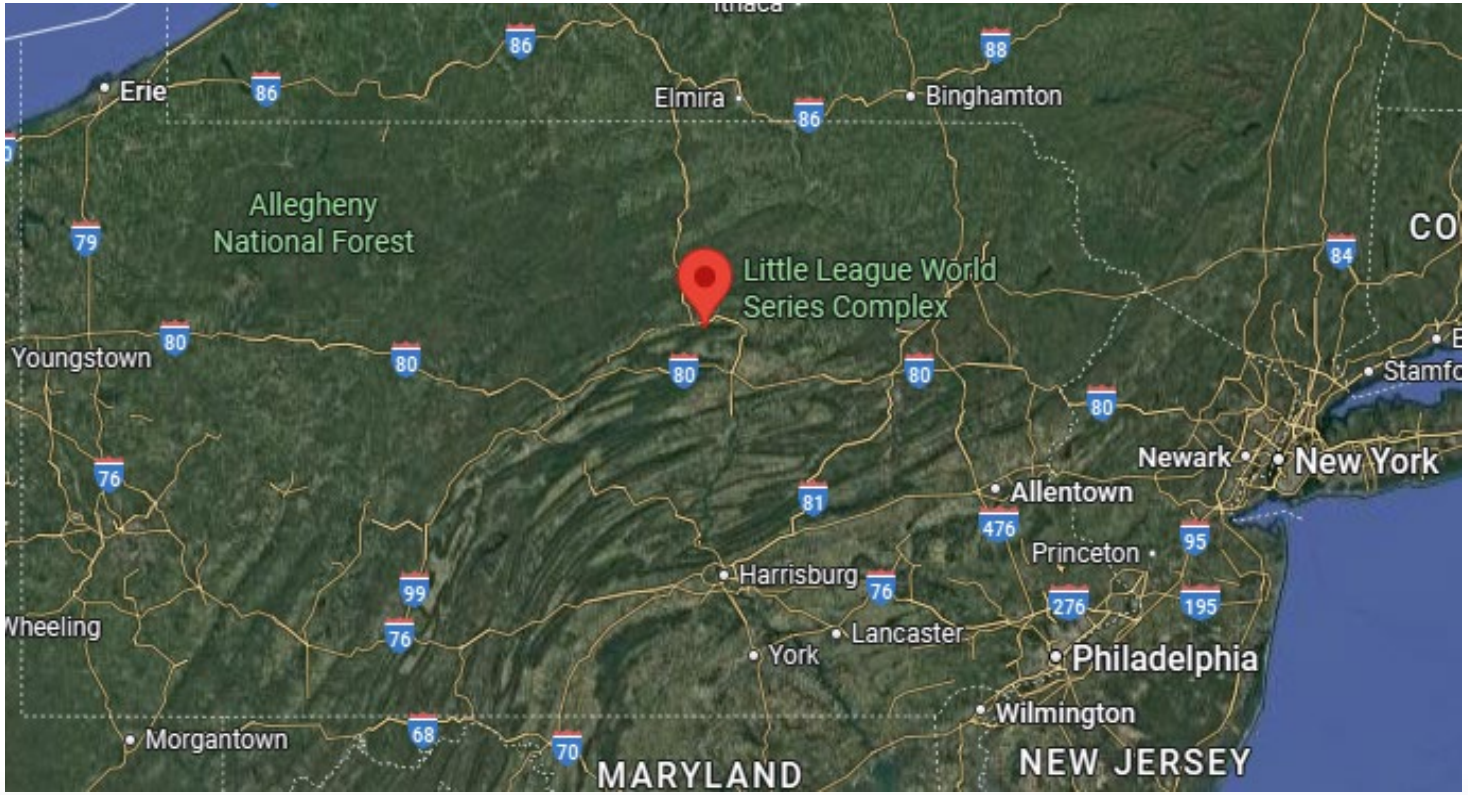
Williamsport Welcomes The World

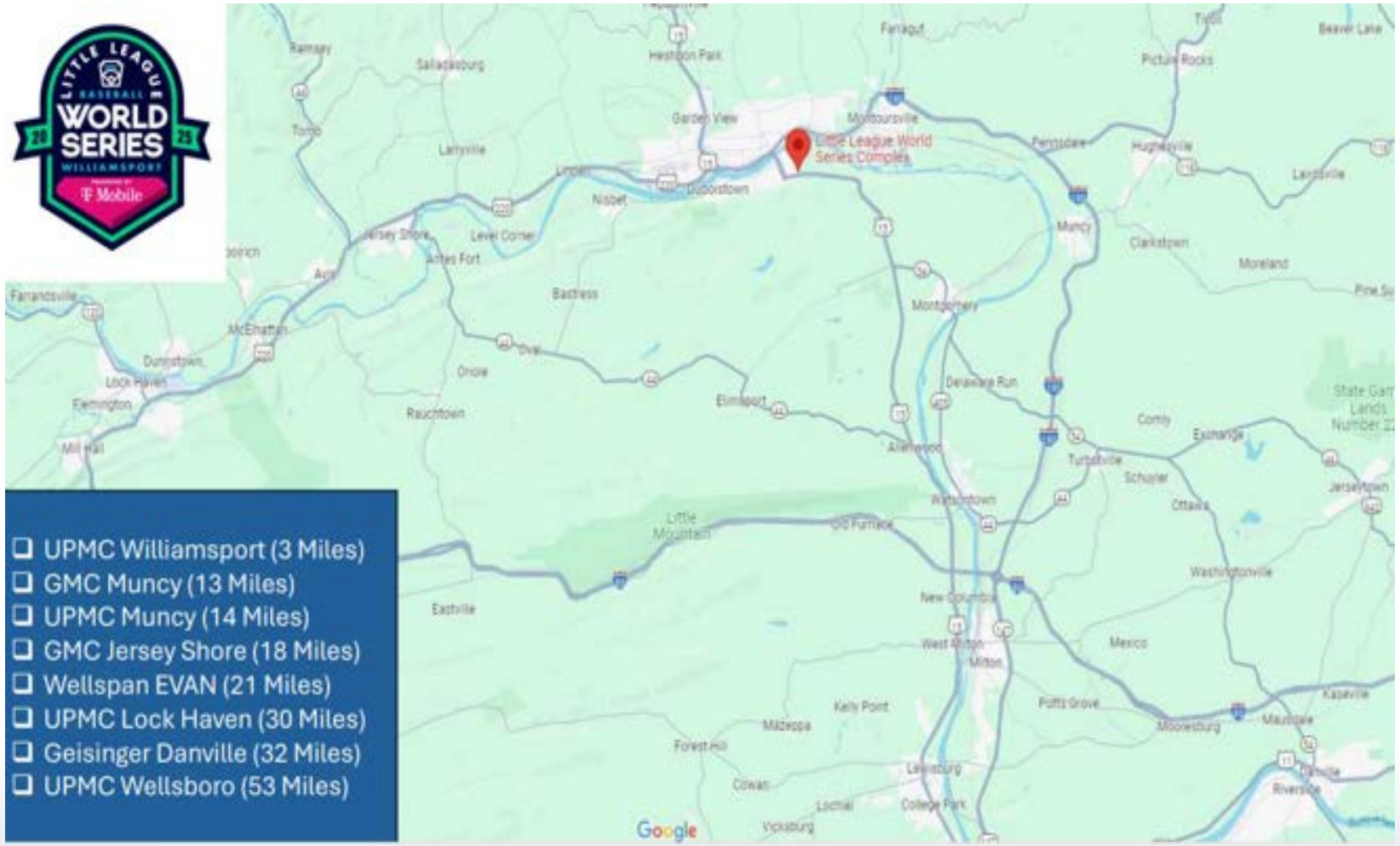
Central Region Healthcare Coalition of PA



Williamsport / South Williamsport PA



Williamsport / South Williamsport PA



- UPMC Williamsport (3 Miles)
- GMC Muncy (13 Miles)
- UPMC Muncy (14 Miles)
- GMC Jersey Shore (18 Miles)
- Wellspan EVAN (21 Miles)
- UPMC Lock Haven (30 Miles)
- Geisinger Danville (32 Miles)
- UPMC Wellsboro (53 Miles)

Planning Activities – Training & Exercises

HCC Funded Patient Decontamination Courses Held at Front Line Receiver Facilities

2025 MRSE / Patient Movement Exercise simulated event at LLWS

PA HIMS and Patient Tracking training provided to First Due and Mutual Aid EMS and Regional Hospitals

MCI Drill Held by EMS

On Field Drill Held by EMS in Collaboration with LLWS

Decontamination Training

2025 Central Region HCC MRSE

2025 CRHCC MRSE and Patient Movement Ex.

Simulated MCI event at Little League World Series resulting in over 200 injuries

Patients triaged by EMS via Patient Tracking Application in PA Health Information System (PAHIMS)

Bed Availability Polling Conducted via PA HIMS to all Acute Care Partners in HCC Region

Coordination of virtual patient transfer through PA HIMS and use of MOCC to 20 hospitals in the region via 6 regional EMS participants, 2 regional EMS councils.

Other participants included: EMA officials from 3 counties, Coroners from 2 counties, Member of the PA Department of Health Public Health

Little League MCI Exercise

Little League On Field Drill

Regional Briefing

UPMC
LIFE CHANGING MEDICINE

Geisinger

CENTRAL REGION HEALTHCARE COALITION

WELLSPAN HEALTH

SUSQUEHANNA REGIONAL EMS

LITTLE LEAGUE BASEBALL WORLD SERIES 2025 WILLIAMSPORT PRESENTED BY T-Mobile

EMERGENCY MANAGEMENT
LYCOMING COUNTY

pennsylvania
DEPARTMENT OF HEALTH

Briefing Topics

Review of Events and timelines

Confirmation of Patient Tracking, Communication, and Coordination Mechanisms

Provide expectations for responding to regional bed polls

Review key concerns based on current threat landscape, participating countries and other factors such as weather, regional hospital status, etc.

Epidemiology Surveillance Report issued by PA Department of Health provided to key stakeholders

Held 2-3 weeks prior to event kick off

Operations - Site Plan

Healthcare Coordination and Command

Daily triage poll to first receiving hospitals at 10 AM

LLWS Unified Command Visibility and Access to PAHIMS for ICS and Patient Tracking Modules

Little League Unified Command meeting daily during first game

Healthcare Coalition Desk and MOCC available for Incidents of Significance

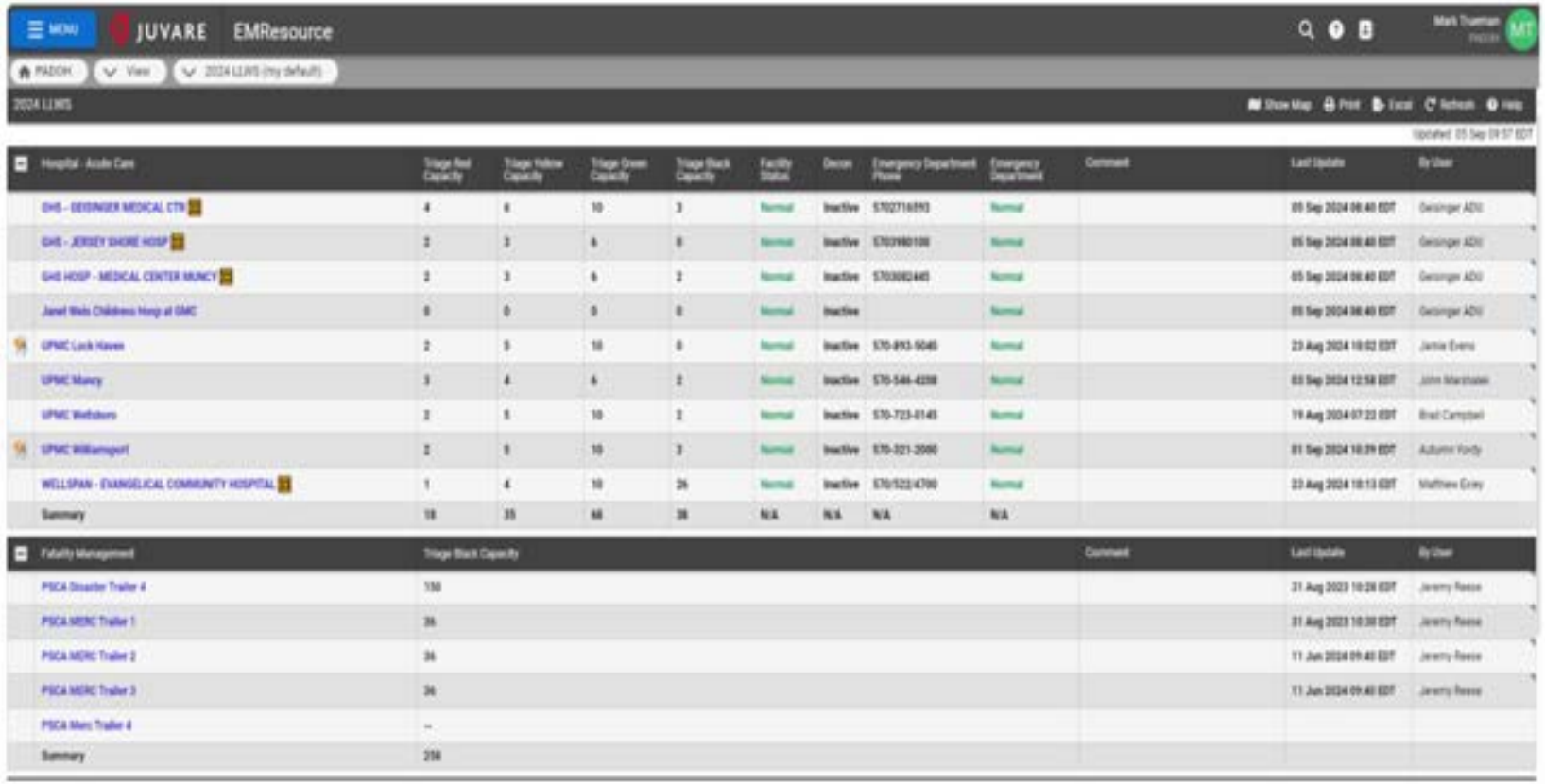
Statewide Healthcare Radio Network available in EMS Command Post

Use of PA HIMS

The Pennsylvania Health Information System (PA HIMS) is leveraged through the event via 3 areas of focus to support the event:

1. EICS: Used for Coordination, Documentation, and Communication between the Site, County, Hospitals, Coalition, and State.
2. EMResource: Used to send bed polls to hospitals for bed availability. Offers dashboard real time data for regional hospital capacity and also statewide specialty bed capacity for pediatric available beds.
3. EMTrack: Used for Patient Tracking and Accountability during the Triage, Treatment, and Transport phases. Also used for patient census tracking for EMS and LLWS Command.

LLWS Dashboard in PAHIMS



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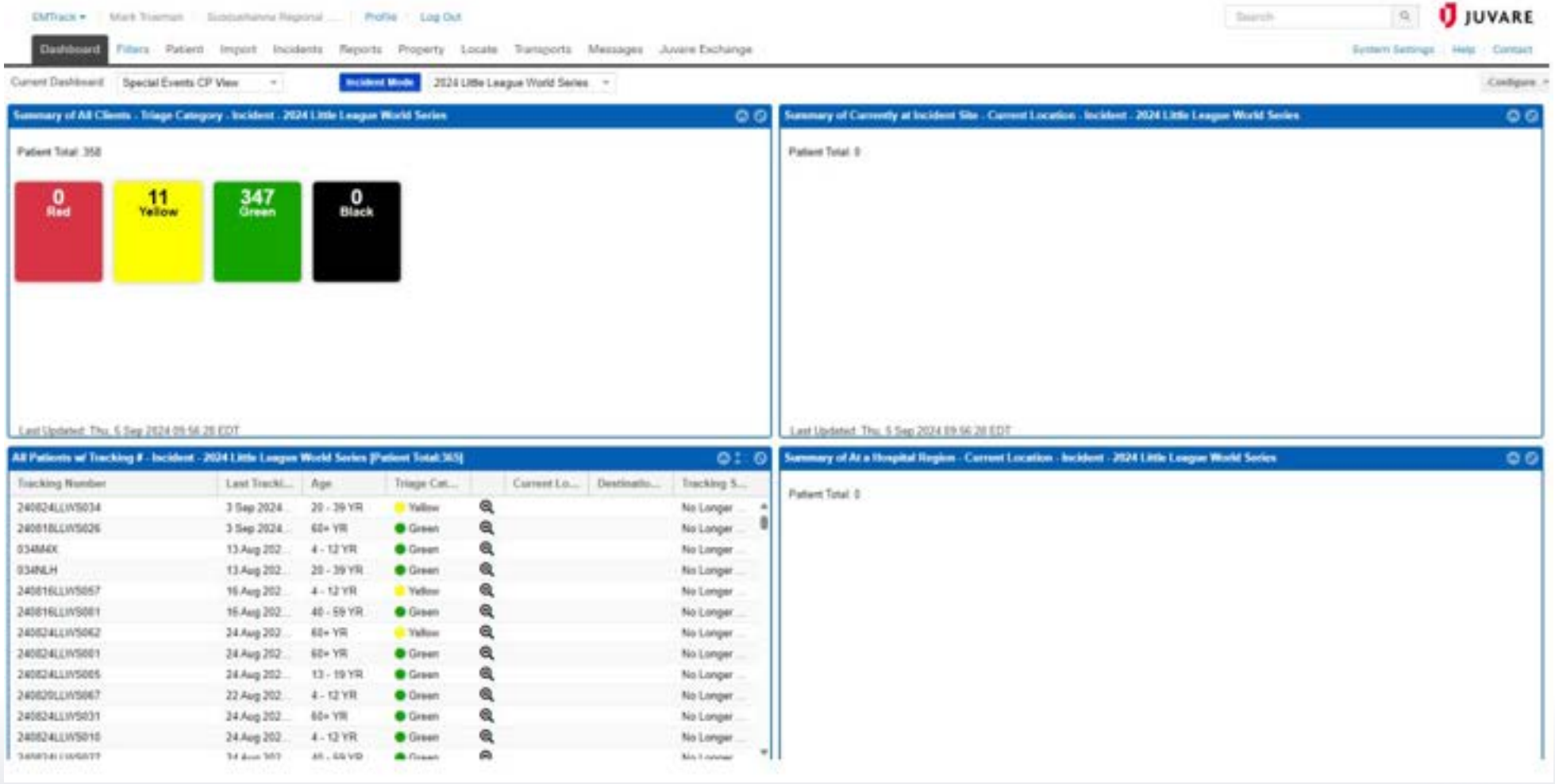
PAHIMS used for Patient Tracking



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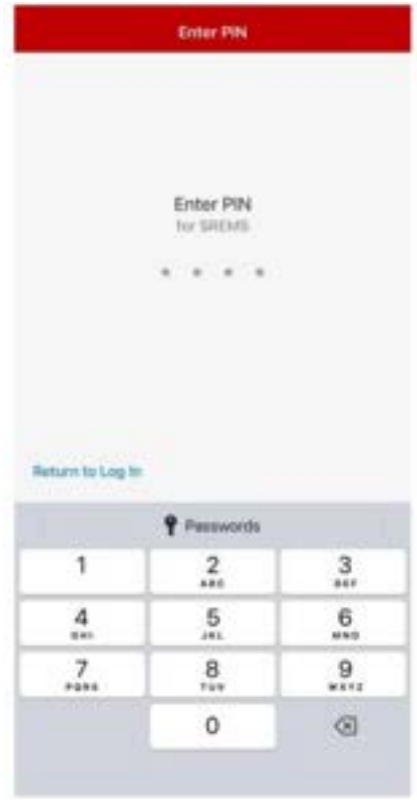
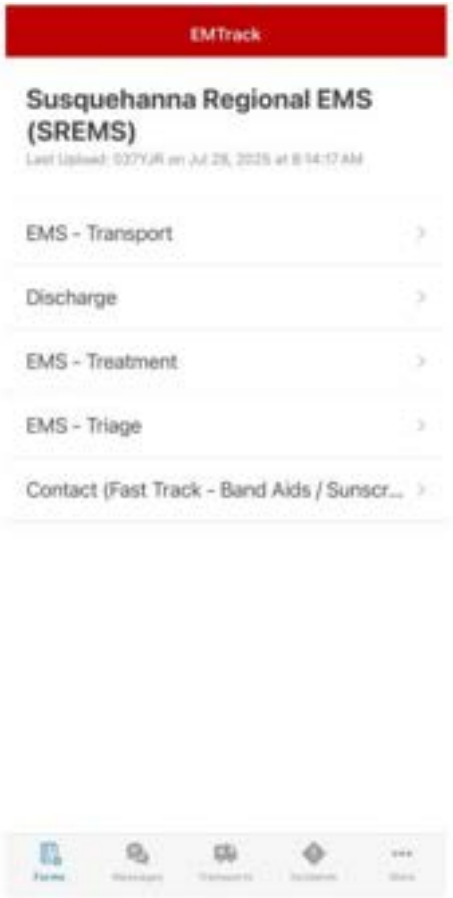
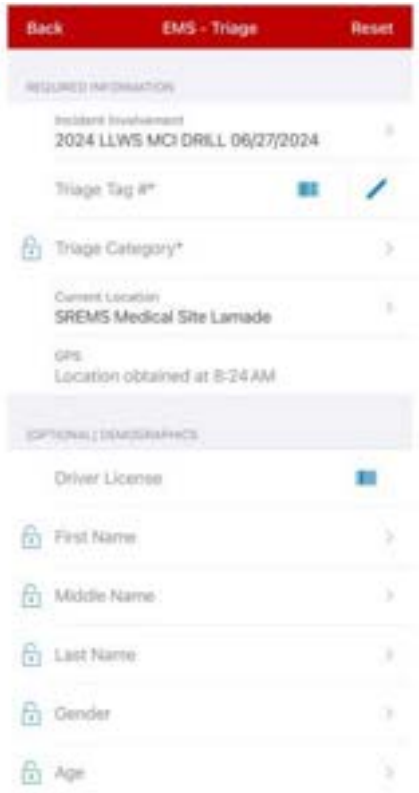
Patient Tracking Application Set Up







EMS Command Center

HCC Assets Mobilized

ADMS

#NHCPC25

Questions

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UPMC Williamsport

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U.S. Department of Health and Human Services

ASPR Administration for Strategic Preparedness & Response

Community Resilience to Disasters: Stronger Recovery through System and Population Resilience

Suzanne Everson

Community Resilience Program Lead, ASPR Center for Response

NHCPC

December 1, 2025

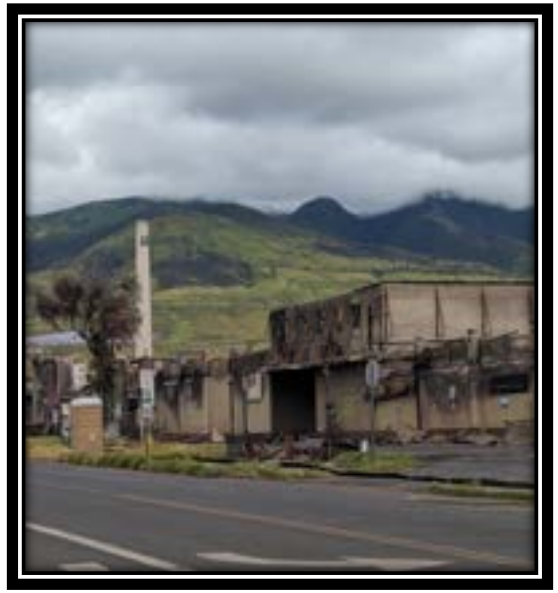
Unclassified

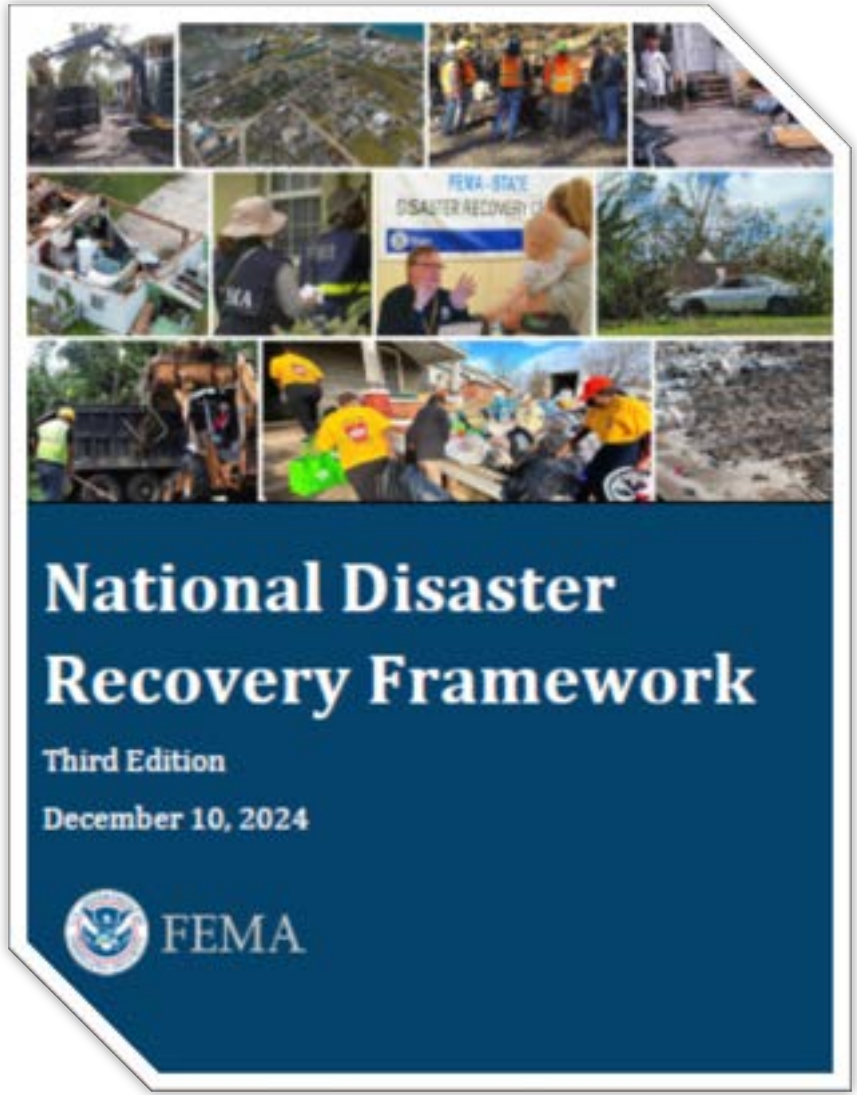
Workshop Agenda

- Welcome
- Who We Are:
  - Overview: Health, Education, and Human Services Recovery Support
  - Overview: ASPR's Community Resilience Program
- Listening to You:
  - Brainstorming Activity
  - Group Discussion
- Closing:
  - Next Steps

National Disaster Recovery Framework

- Established September 2011 (most recent refresh in December 2024)
- Shifted recovery from a dispersed, agency-specific approach to an integrated, sector-based approach
- **Emphasizes local primacy, unity of effort, and pre-disaster planning**

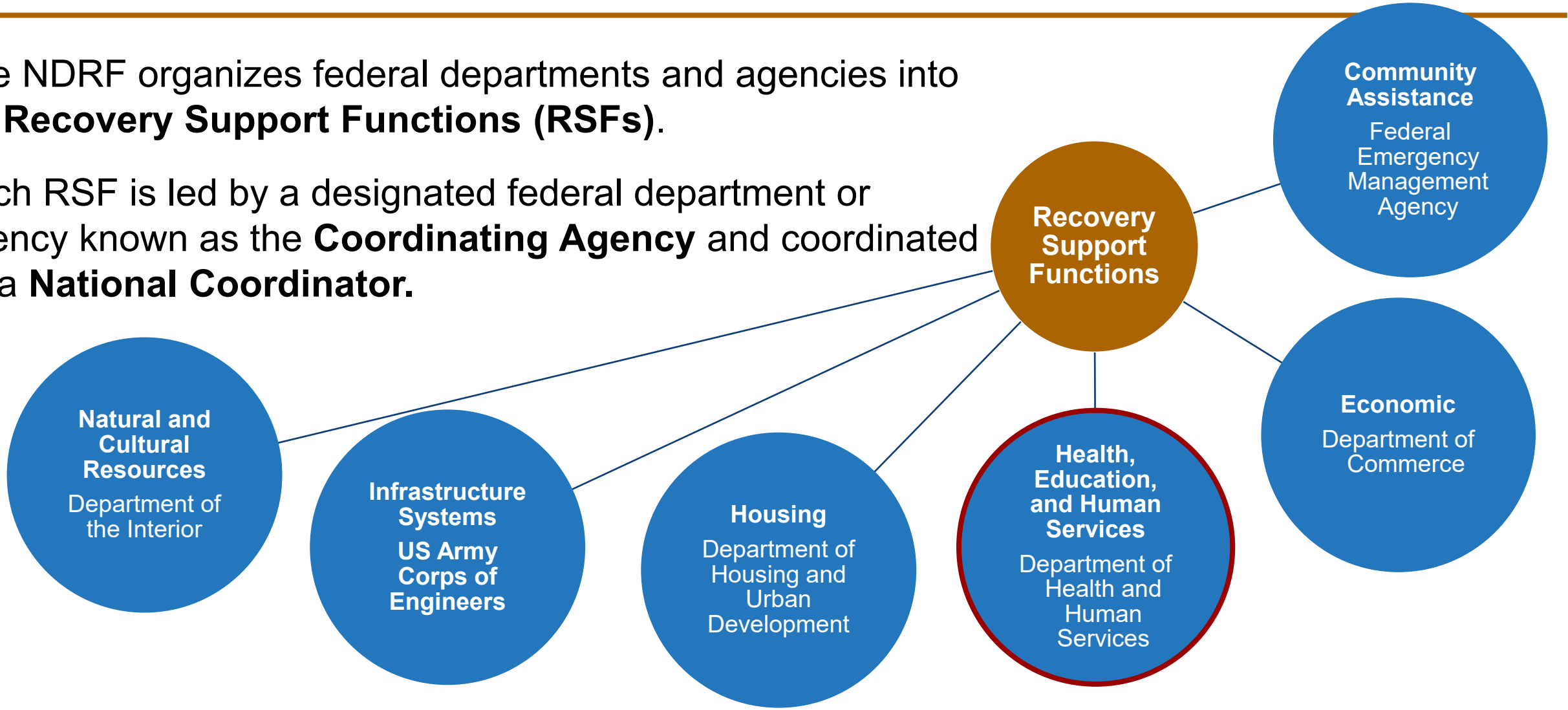




Recovery Support Functions

The NDRF organizes federal departments and agencies into six **Recovery Support Functions (RSFs)**.

Each RSF is led by a designated federal department or agency known as the **Coordinating Agency** and coordinated by a **National Coordinator.**



Health, Education and Human Services RSF: Coordinating Agency & Participating Agencies

Coordinating Agency:

Administration for Strategic Preparedness & Response

Participating Agencies & Organizations

- Office of the Assistant Secretary for Health (OASH)
- Administration for Children and Families (ACF)
- Administration on Community Living (ACL)
- Agency for Healthcare Research and Quality (AHRQ)
- Agency for Toxic Substances and Disease Registry (ATSDR)
- American Red Cross (ARC)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- Commissioned Corps of the U.S. Public Health Service (USPHS)
- Environmental Protection Agency (EPA)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- National Voluntary Organizations Active in Disaster (NVOAD)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- U.S. Department of Agriculture (USDA)
- U.S. Department of Education (ED)
- U.S. Department of Veterans Affairs (VA)

Health, Education and Human Services RSF Supports Recovery

Our scope focuses on five core mission areas…

Behavioral Health

Education

Health Care Systems

Human Services

Public & Environmental Health

…and four cross-cutting priorities.

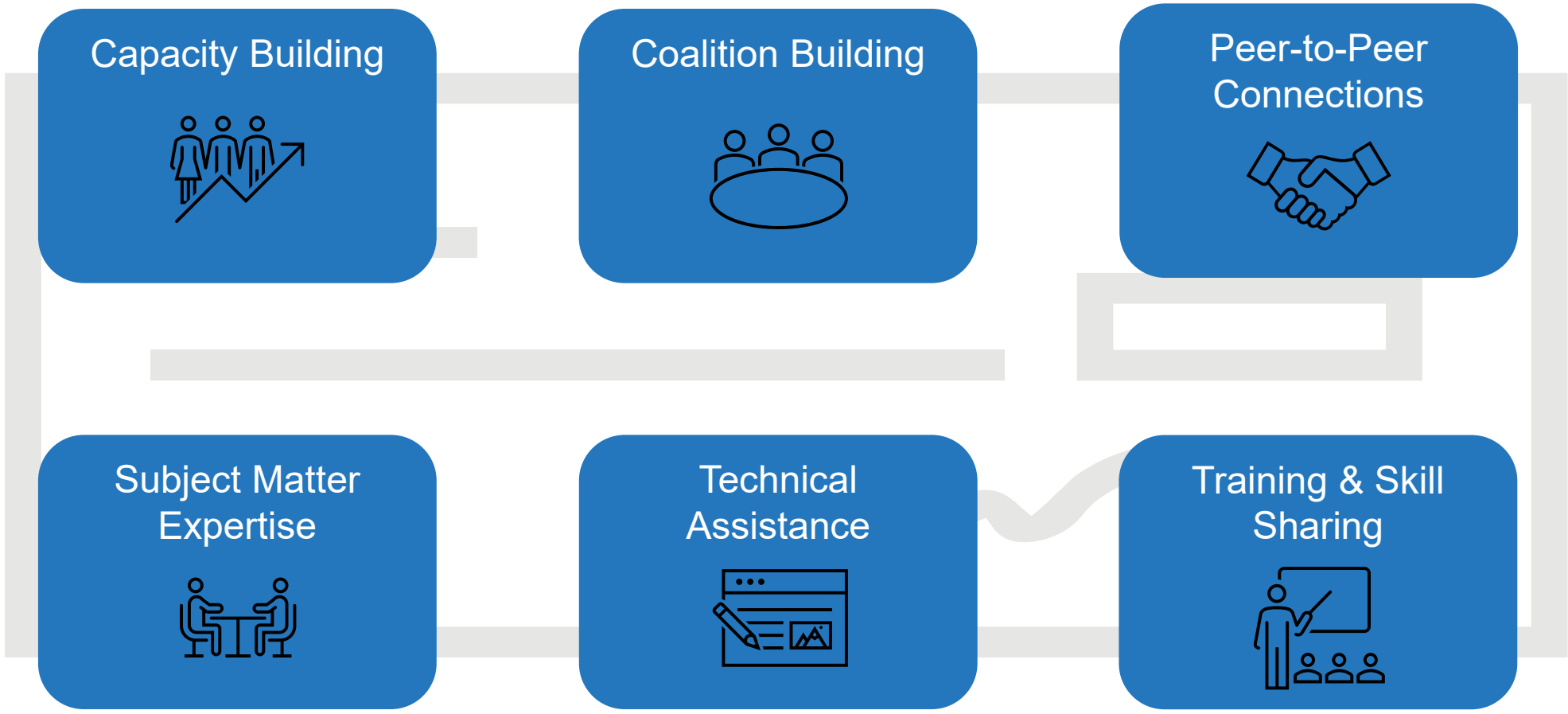
Needs of children, youth, and families

Integration of older adults and people with access & functional needs

Future disaster risk mitigation

Rural and under-resourced communities

Health, Education and Human Services: How We Support Recovery



Community Resilience Program

ASPR's Community Resilience Program develops resources, Toolkits, and community interventions that mitigate, remove, or subvert barriers to health, education, and human services systems resilience.

The Value of Mitigation

- Emergency management understands mitigation in terms of retrofitting or strengthening infrastructure, adopting building codes informed by the latest science, and other activities that reduce the effects of disasters on our critical infrastructure.

Common Post-Disaster Recovery Gaps

General Findings	
1	Lack of emergency planning within schools, hospitals, and government offices
2	Lack of resources and access to services across all fields
3	Communication breakdown among public services within the community

Healthcare	
1	Staffing concerns (workforce retention issues, lack of staff, limited emergency preparedness training)
2	Lack of coordination among healthcare agencies and planning among healthcare facilities
3	Limited access to care especially in underserved populations and the elderly

Behavioral Health	
1	Lack of crisis, grief, and substance counseling
2	Limited access to behavioral health services due to physical barriers, income status, and staffing issues
3	Lack of Mental Health First Aid (MHFA) training in schools

Human Services	
1	Increased housing and food security
2	Limited of resources, staff, and access to services

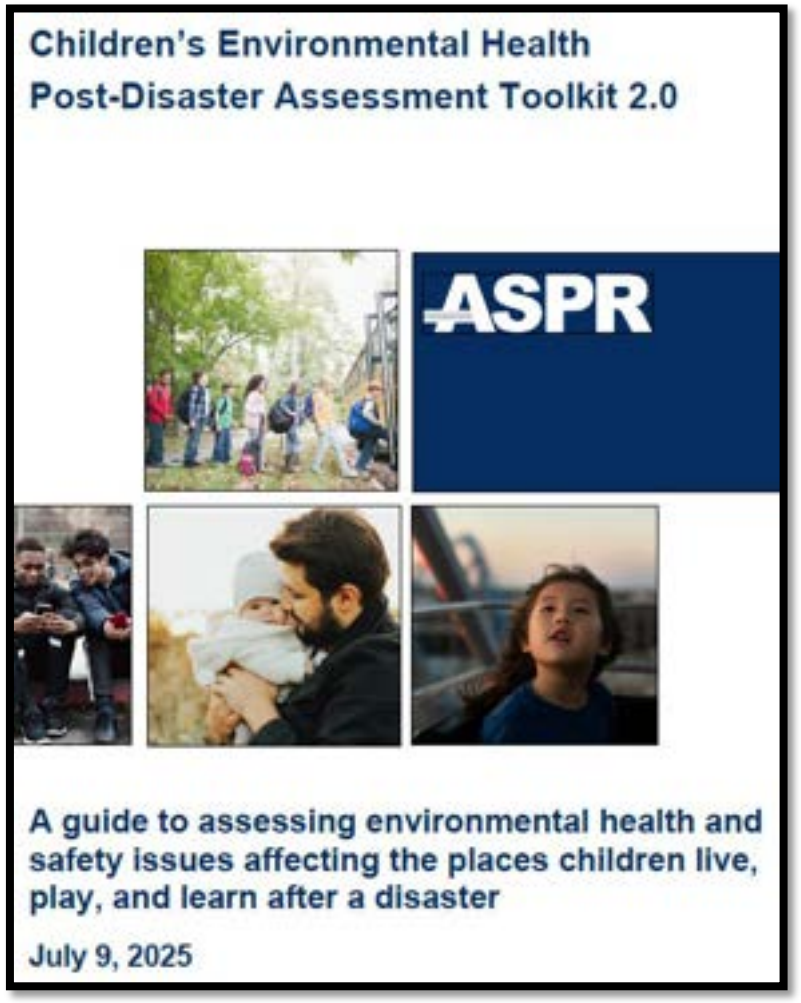
Education	
1	Lack of emergency and behavioral health preparedness within schools and among staff
2	Increased disparities in access to education causing large academic gaps
3	Lack of resources and frequent staff shortages

Public and Environmental Health	
1	Lack of planning and management
2	Increased environmental hazards (water, mold, waste, pests, etc.) causing concerns for potential medical issues

Example Community Resilience Project

Children's Environmental Health Post-Disaster Assessment Toolkit

- The Toolkit helps jurisdictions assess disaster-related risks to children's health so you can take action to reduce risk, eliminate the hazard, and educate the community.
- It can be used any time after a disaster or emergency, and team members do not need to be environmental health scientists.
- The assessment process is scalable, flexible, and described in plain language.



Brainstorming: Challenges

- Step 1: Break into small groups.
- Step 2: Discussion
  - Think about a time your organization's programs or services were disrupted. This could be as a result of a large-scale incident such as a hurricane or a more localized event like a power outage. In your small groups, discuss unexpected challenges that arose as a result of the disruption.
  - Using the provided sticky notes, describe the challenge and then put it on the paper at the front of the room.
  - You can write as many challenges as you want, just make sure there's one per sticky note.
- You have 7 minutes starting…. now.

Brainstorming: Solutions

- Step 1: Pick one person from your small group to select one of the Challenges sticky notes from the poster at the front. Don’t pick the challenge your group added.
- Step 2: Discussion
  - As a small group, discuss the challenge. How would you address the challenge to make sure it doesn’t happen again or causes the least amount disruption possible?
  - Using a new sticky note, describe the solution and then put both stickies back on the poster at the front of the room.
- You have 7 minutes starting… now.

Group Discussion

- What's a persistent issue that comes up every time your program is interrupted?
- What partners or agencies (Federal, STT, other NGOs, etc.) do you wish you had better collaboration or communication with for program support?
- Historically, when has your organization been integrated into disaster related activities – preparedness, mitigation, response, or recovery?
- What are your current or recent organizational initiatives that support resiliency?
- Aside from funding, what, if anything, is on your wish list for Federal or other agency support?

Next Steps & Contact Information

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U.S. Department of Health and Human Services

ASPR Administration for Strategic Preparedness & Response

NDMS Federal Patient Movement Overview

National Healthcare Coalition Preparedness Conference (NHCPC) 2025

Grapevine, TX

3 December 2025

Unclassified

Objectives

- Explain how NDMS coordinates with Healthcare Coalitions, FCCs, and hospitals to execute federal patient movement during public health emergencies.
- Identify emerging technologies, policies, and strategic initiatives that are shaping NDMS's expansion of the Definitive Care network.
- Highlight opportunities for coalition leaders to engage with NDMS's evolving capabilities to strengthen local, regional, and national preparedness.

National Disaster Medical System

A FEDERAL SECTOR PARTNERSHIP

Mission is two-fold:

Supplement state and local medical resources during disasters or major emergencies

Provide backup medical support to the military/VA medical care systems during an overseas conventional conflict

PATIENT CARE

- NDMS Medical Teams
- Facilitated Support through Industry (Contract)
- Specialty Care Capabilities

PATIENT MOVEMENT

- NDMS Partnership
  - DoD
  - VA
  - DHS/FEMA-National EMS Contract
  - HHS JPATS and Case Management

FATALITY MANAGEMENT

- Disaster Mortuary Operational Response Teams
- Subject Matter Expertise – Fatality Management Assessment

DEFINITIVE CARE

- ~1800 participating civilian health care facilities through a Memorandum of Agreement
- Coordinated across 65 DoD (14) and VA (51) Federal Coordinating Centers (FCC)
- Reimbursed at 125% of Medicare Part A rates (payer of last resort)

Role of Healthcare Coalitions in Patient Movement

ASPR NDMS and partner federal agencies collaborate with healthcare coalitions on the regional, state, and member level to:

- **Coordinate Regional Readiness**
  - Align hospitals, EMS, public health, and emergency management partners to support NDMS activation and patient reception
- **Enable Situational Awareness**
  - Provide real-time visibility into bed availability, resource gaps, and operational constraints during large-scale incidents
- **Support Federal Coordinating Centers (FCCs)**
  - Facilitate communication, healthcare partner engagement, and rapid integration of NDMS missions across the region
- **Strengthen Patient Reception Operations**
  - Assist with patient tracking, medical transport coordination, and resource mobilization at the local and regional levels
- **Bridge Local-Federal Operations**
  - Translate NDMS priorities into actionable support for regional partners, ensuring smooth patient movement and continuity of care

How to Access NDMS Definitive Care Resources

Launching on ASPR TRACIE's Information Exchange platform in 2026:

- Topic collections for peer (state and local) engagement
- Training materials on patient movement plans development and non-clinical case management
- Reimbursement guidance for Definitive Care Partner Health Facilities
- Survey opportunities to assist NDMS in shaping future incentives for the Definitive Care program

Register for an account today at:
https://asprtracie.hhs.gov/

Contact Information

Drew McBrearty- NDMS Division Director of Patient Movement

Christian Lamoureux, DrPH- NDMS Program Analyst

DefinitiveCare@hhs.gov

Subject Line: NHCPC 2025

NHCPC25
NATIONAL HEALTHCARE COALITION PREPAREDNESS CONFERENCE

Strengthening Coalitions Lies Deep in the Heart of Collaboration

Presented By:
MESH

Enhancing Special Pathogen Preparedness and Response through Regional Relationships

Angela Vasa, MSN, RN
Director, Emergency Preparedness and Special Pathogen Programs

Jackson Gruber, BS
Regional Special Pathogens Program Coordinator

Presentation Description

This session will examine the vital role of the Region 7 Regional Emerging Special Pathogen Treatment Center (RESPTC) in advancing preparedness and response capabilities across healthcare facilities, emergency medical services, and public health agencies. Attendees will gain insights into how data-driven strategies inform the development and implementation of comprehensive work plans designed to strengthen regional readiness for special pathogens.

The presentation will also feature a case study highlighting the Region 7 RESPTC's coordinated support during the response to a confirmed Lassa fever case in Iowa. This real-world example will illustrate effective collaboration among healthcare systems, EMS providers, and public health partners in managing a high-consequence infectious disease event.

Objectives

- Clarify the role and responsibilities of Regional Emerging Special Pathogen Treatment Centers (RESPTCs) in advancing the National Special Pathogen system.
- Describe strategies to collect and utilize data to develop and implement regional work plans to prepare for high consequence infectious diseases.
- Distinguish the role of the RESPTC to support health systems during preparedness and response activities.
- Detail the key actions taken by the Region 7 RESPTC in support of the response to a Lassa fever case in Iowa.

The National Special Pathogen System: RESPTC Role and Responsibilities

NSPS Overview

What is the NSPS?

The National Special Pathogen System (NSPS) is a tiered System of Care with four facility levels (e.g., Level 1, Level 2, Level 3, Level 4) that have increasing capabilities to care for suspected or confirmed patients with High Consequence Infectious Diseases (HCIDs).

NSPS Mission, Vision, & Goals

NETEC | NSPS

Mission

To develop a coordinated network of high-quality special pathogen care dedicated to protecting patients, communities, and the health care workforce in the United States.

Vision

To save lives and protect the health care workforce through an agile and comprehensive special pathogen system of care.

ASPIRATIONAL GOALS

Zero

Preventable Deaths

after special pathogen infection

2 hours

Network Mobilization

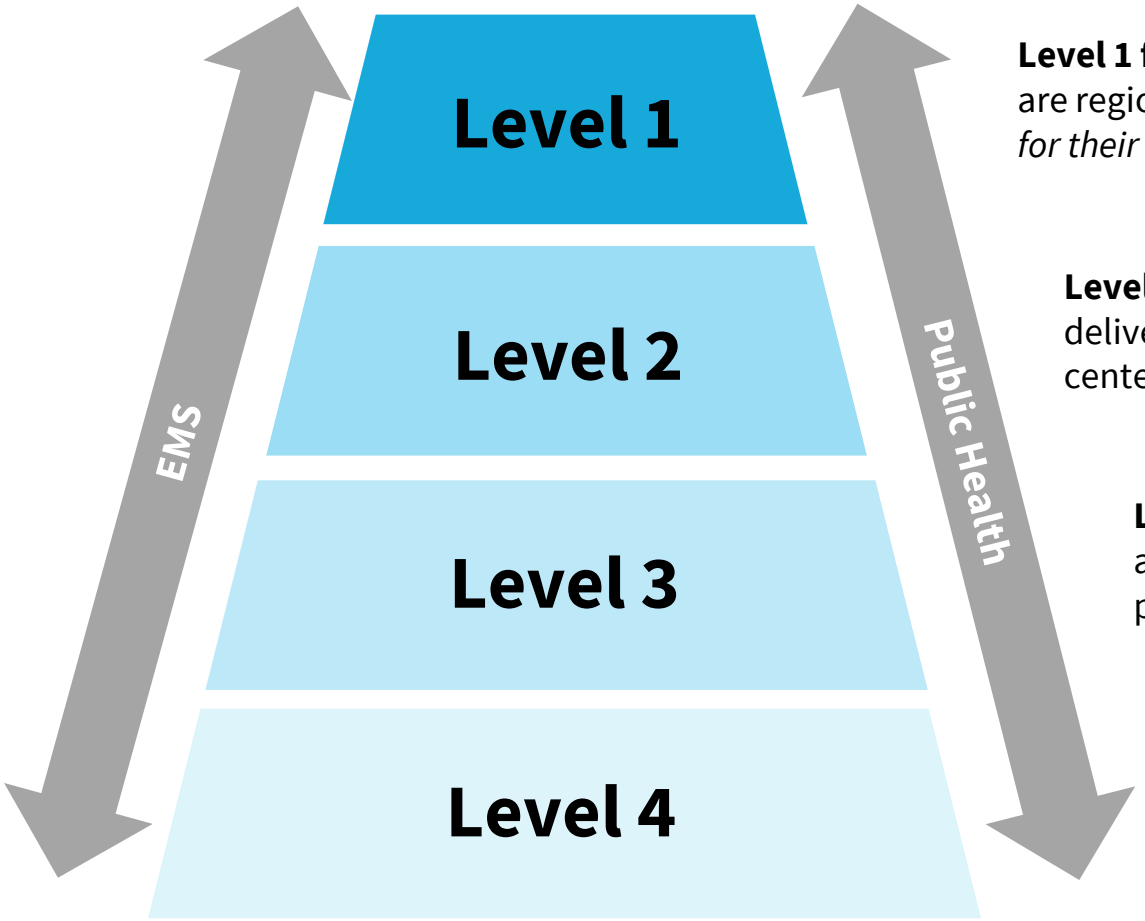
after suspected special pathogen infection

100%

Have Access

to high-quality special pathogen care for all of the U.S. population

The Tiered System of Care



Level 1 facilities, or Regional Emerging Special Pathogen Treatment Centers (RESPTCs), are regional resources hubs which provide highly specialized care. *Level 1s care for patients for their duration of illness.*

Level 2 facilities, or Special Pathogen Treatment Centers (SPTCs), have the capacity to deliver specialized care to clusters of patients and serve as primary patient care delivery centers. *Level 2s can care for patients for their duration of illness.*

Level 3 facilities, or Assessment Centers, are widely accessible care delivery facilities, able to conduct limited basic laboratory testing, stabilize patients, and coordinate rapid patient transfer. *Level 3s can care for patients for 12-36 hours.*

Level 4 facilities, or All Other Healthcare Facilities, can identify, isolate, inform, & initiate stabilizing medical care; protect staff; and arrange timely patient transport to minimize impact to normal facility operations.

Additional partners, such as EMS and public health, are essential for the coordination of the System

Components of the NSPS

The NSPS is a **hub-and-spoke model** where 'hubs' (Level 1s) provide supporting centralized services to the 'spokes' within their domains (Level 2-4s)

NETEC	*Is the NSPS Coordinating Body and provides resources to NSPS members*
Level 1 RESPTCs	*Provides regional coordination and outreach, resources, & highly specialized care*
Level 2 SPTCs	*Provides highly specialized care for the duration of illness*
Levels 3 and 4	*Provides short term safe care and/or coordinates rapid patient transfer to a Level 1 or 2*

EMS and public health connect facilities throughout the NSPS.

NSPS Tier 1-4 Chart

Capabilities	Level 1	Level 2	Level 3	Level 4
Care Duration	Duration of Illness	Duration of Illness	12-36 Hours	Minimum Care Capabilities: - Can safely identify, isolate, initiate stabilizing medical care - Protects facility staff - Arranges timely patient transfer Level 4 facilities encompass all other healthcare facilities across the U.S.
Capacity for VHF, airborne	2 VHFs 10 airborne	1-2 VHFs 4 Airborne	1+ isolation space	
PPE Supply	2 VHF cases for at least 7 days onsite (with plans to support 21 days of care)	1-2 VHF cases for at least 7 days onsite (with plans to support 21 days of care)	3 VHF cases for 12-36 hours (before resupply)	
Exercises	Quarterly	At least 2x annually	At least once annually for mystery patient exercise	
PPE Training	Quarterly	At least 2x annually	At least 1x annually	
Skills Training	Quarterly	At least annually	--	
Lab Test Ability	Clinical lab testing	Clinical lab testing	Point-of-care onsite clinical lab testing	

RESPTC Required Responsibilities

Core Cooperative Agreement Strategies

- Monitoring and Evaluation
- Communication and Coordination
- Workforce and Training
- Communication and Support for Safe Patient Care Delivery
- Research Capability and Capacity
- Standards and Guidance

Monitoring & Evaluation

- Participate in training, peer review, and assessment by NETEC to evaluate RESPTC readiness.
- Support NETEC in the monitoring and evaluation of healthcare facilities and medical transport entities in the Region
- Report RESPTC and regional readiness as requested by ASPR and NETEC as the NSPS Coordinating Body

Communication & Coordination

- Develop and update regional plans.
  - Concept of operations (CONOPS)
- Develop, maintain, and exercise a plan for regional surge,
  - RESPTC and for the RESPTC's respective region.
- Maintaining relationships and agreements with health care entities to facilitate special pathogen load balancing.
- Support the implementation of the National Special Pathogen System Strategy (NSPS Strategy) by engaging regional partners.
- Act as a force amplifier for NETEC.

Communication & Coordination: Response

- Implement a method to support real-time clinical consultation and response needs.
  - 24-hour hotline
- Establish resources to support special pathogen readiness and response
  - Telemedicine
  - Online forum(s)
  - Virtual support
- Provide technical assistance for NSPS partners engaged in response

Workforce and Training: RESPTC Personnel

- Recruit and retain staff to provide the clinical care needed in special pathogen response
- Quarterly staff training
  - PPE donning/doffing
  - IPC practices for safe care delivery (e.g., waste management)
  - Identify, Isolate, and Inform
- Quarterly exercises
  - Patient care simulations
  - Unannounced first patient encounter drills
  - Transport of simulated suspected or confirmed patients

Workforce and Training: Regional Support

- Engage regional healthcare partners to develop and exercise policies that strengthen staff competency, readiness, and safety
- Develop and implement plans to lead regional training efforts
  - Conduct supplemental training for healthcare workers
  - Conduct awareness level training for personnel outside of acute care
- Provide NETEC- and RESPTC-developed training and materials to NSPS hospitals and EMS agencies
- Conduct at least one special pathogen exercise in the HHS Region annually

Workforce and Training: Response

- Conduct just-in-time training for regional partners
- Provide technical support to prepare NSPS hospitals to receive a patient
- Coordinate with NSPS components including 911 centers, EMS agencies, and other entities supporting pre-hospital care and transport.

Communication & Support for Patient Care Delivery

- Develop plans to guide collaboration with other regional entities, including other RESPTCs as applicable.
- Collaborate with other entities to provide promising practices and streamline patient care delivery, stand up and maintain telemedicine and ECHO capability, stand up and maintain a patient medical transport and care delivery system, and to coordinate on regional care delivery plans.
- Updating and maintaining plans and operations to rapidly distribute or re-distribute PPE to a facility within the region as needed.
- During Special Pathogen Response
  - Participating in regional patient coordination constructs (e.g., MOCCs) that decrease patient surge by supporting patient distribution across health care facilities in the region.

Research Capability & Capacity

- Expand the capability and capacity to conduct and participate in research.
- Engage regional partners to develop capability and capacity to participate in research.

Standards & Guidance: Preparedness

- Align to and uphold standards and guidance for RESPTCs as determined by NETEC, as the NSPS Coordinating Body.
- Support the development and dissemination of guidance for special pathogen response across the Region.
  - Healthcare workforce protection
  - Patient care
  - Medical transport
  - Clinical operations
- Coordinate health care across the region to develop and share standards and guidance that support special pathogen readiness

Standards & Guidance: Response

- Communicate and coordinate with NETEC as the NSPS Coordinating Body and with ASPR.
- Using Project ECHO or equivalent capability and other mechanisms to share just-in-time information and provide guidance, recommendations, and protocols for patient care, medical transport, and clinical operations, including experimental protocols and crisis standards of care.
- Engaging with other health care entities across the region to enhance coordination and communication

Using Data to Drive Progress in Regional Planning: Utilization of Regional and National Needs Assessment Data

Regional & National Needs Assessment Overview

FY2023 RESPTC Strategic Priority:
Develop a needs assessment for Region VII partners with plans to disseminate the assessment, analyze resultant data, and implement mitigation strategies in years 2-5.

Goals of Needs Assessment:

- Identify perceived gaps from key regional partners
- Leverage data for future workplan development
- Focus efforts on activities that provide the greatest impact to the region

Distribution and Responses

- Survey distribution facilitated through NETEC's Regional Outreach and Coordination Workgroup

- All 10 HHS Regions included
  - Distributed by the 13 RESPTCs to their respective regional contacts

- 1,053 complete responses
  - Majority of responses received from HHS Regions 4, 5, 7, and 10

Regional Dispersion	
Region 1	2% (n=17)
Region 2	4% (n=47)
Region 3	1% (n=11)
Region 4	20% (n=208)
Region 5	29% (n-311)
Region 6	5% (n=58)
Region 7	14% (n=147)
Region 8	8% (n=80)
Region 9	5% (n=51)
Region 10	12% (n=123)

Types of Respondents

Table 2. Organizations Represented

	Percent of All HHS Regions
Healthcare Facility	45% (n=474)
Public Health Department	26% (n=272)
EMS Agency	22% (n=231)
Healthcare Coalition	5% (n=53)
LTC, SNF, Assisted Living, Residential	1% (n=13u)
Hospice, Home Health, Homecare	1% (n=9)

Across all regions, healthcare facilities comprised almost half of the respondents (45%, n=474) and of these facilities 22% (n=105), were previously designated as a special pathogen care facility including either a treatment center or assessment hospital.

Categories of Need Assessed

1. Information Sharing and Resources
2. Education and Training
3. Coordination and Planning
4. Resource Allocation
5. Organizational Readiness for Special Pathogens
6. Special Pathogen Research & Advancement c

Highlighted Findings

1. Information Sharing and Resources
   a) **More than half of respondents noted monthly communication** and **updates with outbreaks** as preferred frequency
   b) Email preferred by the majority (66%)

2. Education and Training
   a) Almost half (49%) of respondents noted having a special pathogens training plan with 63% providing training within the last 6-12 months
      a) **Majority (>60%)** needed support with **content creation, SME consultation, and personnel funded time** to develop training plans
      b) **Most** HHS Regional respondents were interested in training facilitated by the RESPTC
         a) **34% of interested respondents preferred training to be held in their own state**

3. Coordination and Planning
   a) **The majority of participant**s, 76%, reported that they were **unsure (43%) or did not know (33%)** how to access the state and regional CONOPS plans

Highlighted Findings

4. Resource Allocation
   a) Most respondents were either **unsure or did not have** any pre-identified areas for which they anticipated **needing assistance with resource acquisition**
   b) Of the 31% that identified areas of assistance transportation coordination and assets, IPC support, and PPE assets were the most prevalent

5. Organizational Readiness for Special Pathogens
   a) 61% of overall sample reported that their organization has a **written special pathogen response plan**, policy, or annex in their EOP.
   b) The majority (74%) were unsure if their organization had participated in a NETEC readiness consultation or completed a SPORSA

6. Special Pathogen Research & Advancement
   a) 80% of respondents were not conducting special pathogen research activities
   b) The majority (67%) of respondents indicated that they would potentially be interested in engaging in research activities to advance special pathogen preparedness.

Topics of Interest to HHS Region 7

Table 6: Facilitated Training Topics Beneficial to Organization

	Region 7	All HHS Regions
Infection prevention & control strategies	90% (n=112)	92% (n=797)
Identify, isolate, & inform strategy	90% (n=109)	86% (n=732)
Personal protective equipment	83% (n=101)	85% (n=732)
Environmental cleaning & disinfection	84% (n=103)	85% (n=729)
Equipment cleaning & disinfection	79% (n=95)	84% (n=713)
Skills stations	80% (n=95)	79% (n=664)
Transportation	77% (n=92)	71% (n=593)
Regional CONOPS workshop	69% (n=79)	70% (n=583)
Care area workflows	69% (n=80)	70% (n=583)
State CONOPS workshop	64% (n=75)	67% (n=565)
Laboratory processes for specimen management	55% (n=65)	56% (n=469)

Integration of Findings into RESPTC Workplan

- Maintain distribution lists for information sharing and situational awareness
  - Newsletters via email
  - SITREPs via email when outbreaks occur
  - Regional Workgroup virtual meetings
- Prioritized review and revision of state and regional CONOPs
  - Facilitated workshop and TTX with representatives from all states & NSPS partners
    - EMS, Hospitals, Public Health Laboratory, Regional ASPR RECs, State and local public health
  - April 2025
- Developed resources focused on transportation and coordination for HCID cases
  - Collaboration with Nebraska Department Health and Human Services
  - Leveraged Healthcare Coalitions for dissemination
  - June 2025
- Hosted HHS Region 7 Symposium focused on the topics of interest for Region 7 Respondents
  - September 2025

HHS Region 7 RESPTC Preparedness and Response Initiatives

Region 7 Special Pathogens Overview

National Special Pathogens System Facilities

- 1 – Level 1 RESPTC – Omaha, NE
- 1 – Level 2 SPTC – Iowa City, IA
- 6 – Level 3 – Assessment Centers
  - 2 – Omaha, NE
  - 2 – Des Moines, IA
  - 1 – Kansas City, KS
  - 1 – St. Louis, MO

- Predominantly rural region - most EMS agencies are volunteer-staffed or volunteer-dependent

- Region VII Population: approximately 14.4 million residents

Region 7 RESPTC Structured Outreach

Designated Facilities

- HCID outbreak updates
- Emerging pathogen updates
- Program successes and challenges
- Training & education needs
- Provide solutions and information sharing
- Promote NETEC resources

Transport Partners

- HCID outbreak updates
- Emerging pathogen updates
- Program successes and challenges
- Training & education needs
- Promote NETEC resources
- Develop & disseminate EMS-centric materials

Laboratory Workgroup

- State public health laboratory personnel
- NBU laboratory director and staff
- Review pathogens of concern
- Diagnostic testing capabilities and expansion
- Regional priorities for advancing laboratory readiness at the frontline

On-Demand Regional Technical Assistance

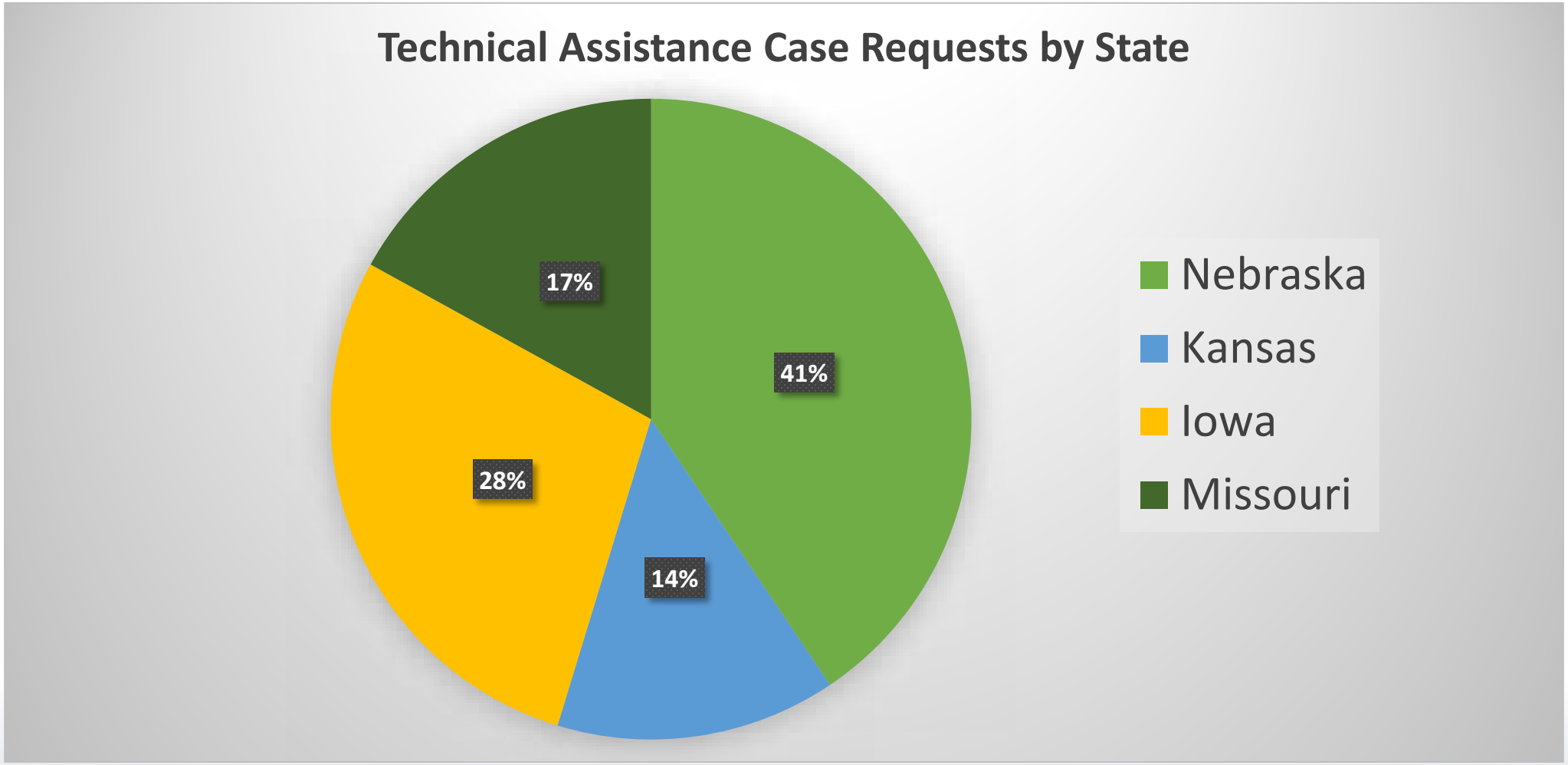
Responded to 106 cases from June 2024 through July 2025 across the healthcare spectrum focusing on:

- Emergency Department response protocols
- Unit design and physical infrastructure
- Personal protective equipment (PPE) selection, utilization, and staff training
- EMS protocol review and personnel training
- HCID outbreaks of concern

Partnered with NETEC to provide training, education, and outreach in multiple other HHS Regions

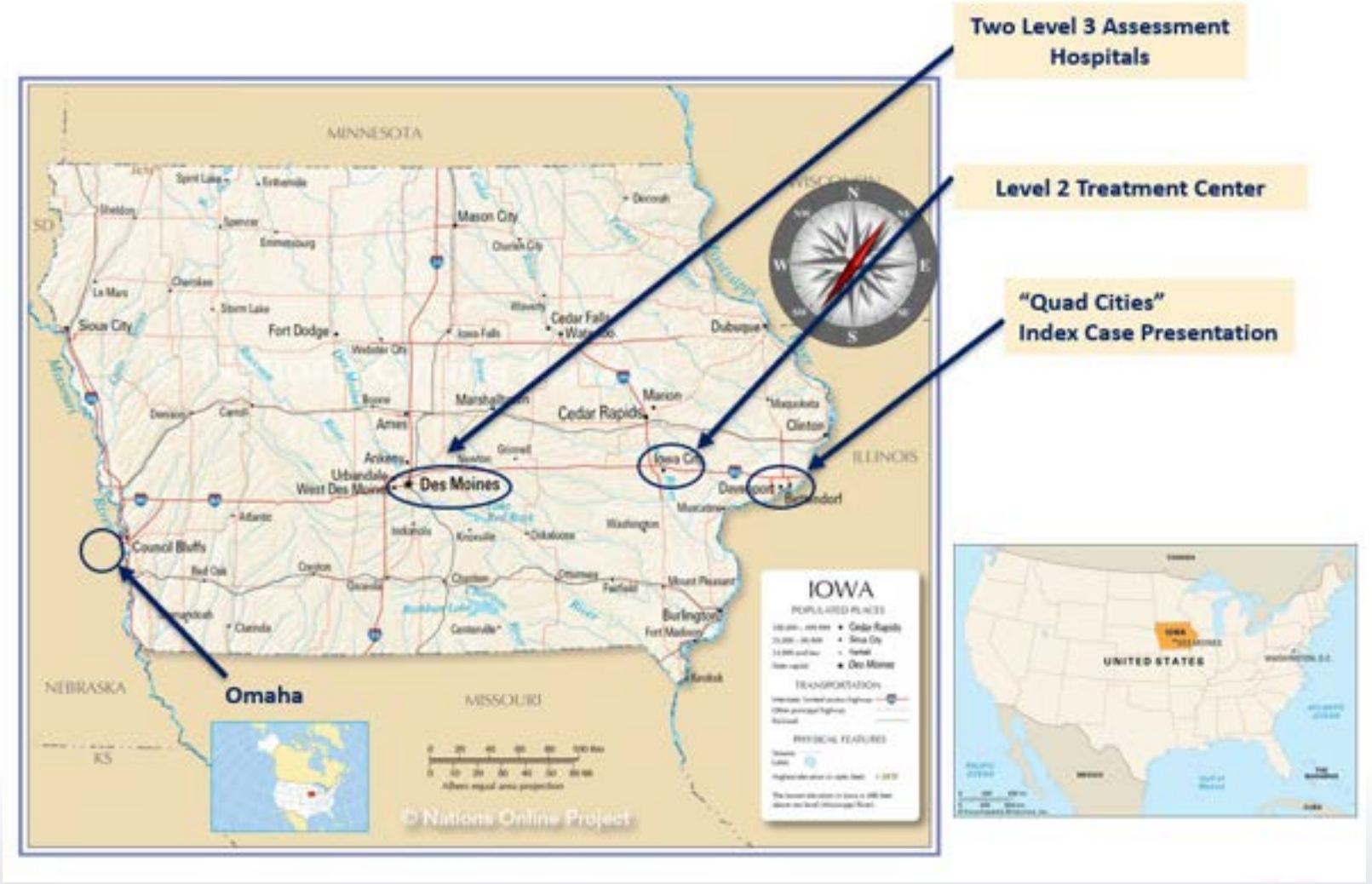
Distributed outbreak updates and newsletters to HHS Region 7 partners on quarterly cadence with ad hoc situation reports

Regional Technical Assistance Services



HHS Region 7 RESPTC in Action: Lassa Case Response

Deployable Teams for Iowa Lassa Fever Case



#NHCPC25

Deployable Special Pathogen Response Team

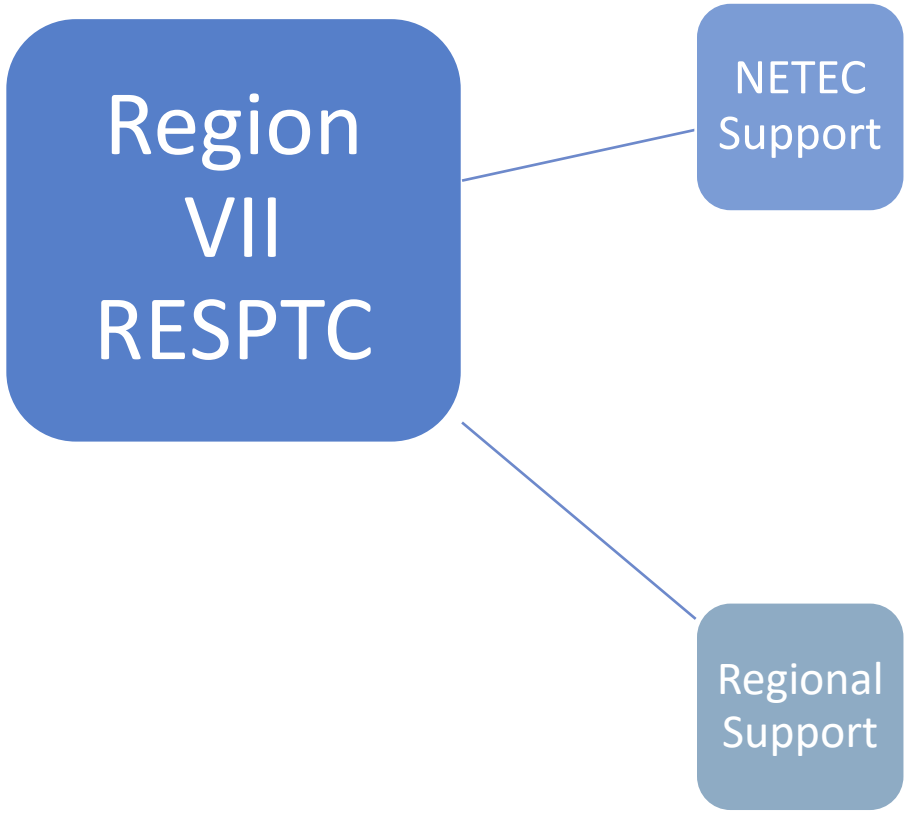
Multidisciplinary team

- Clinicians
- Emergency Medical Services
- Infection prevention and control
- Laboratory

Team Scope

- Infection prevention and control
- Onsite protocol review
- Just-in-time training for hospital and EMS
- Peer to peer clinical review

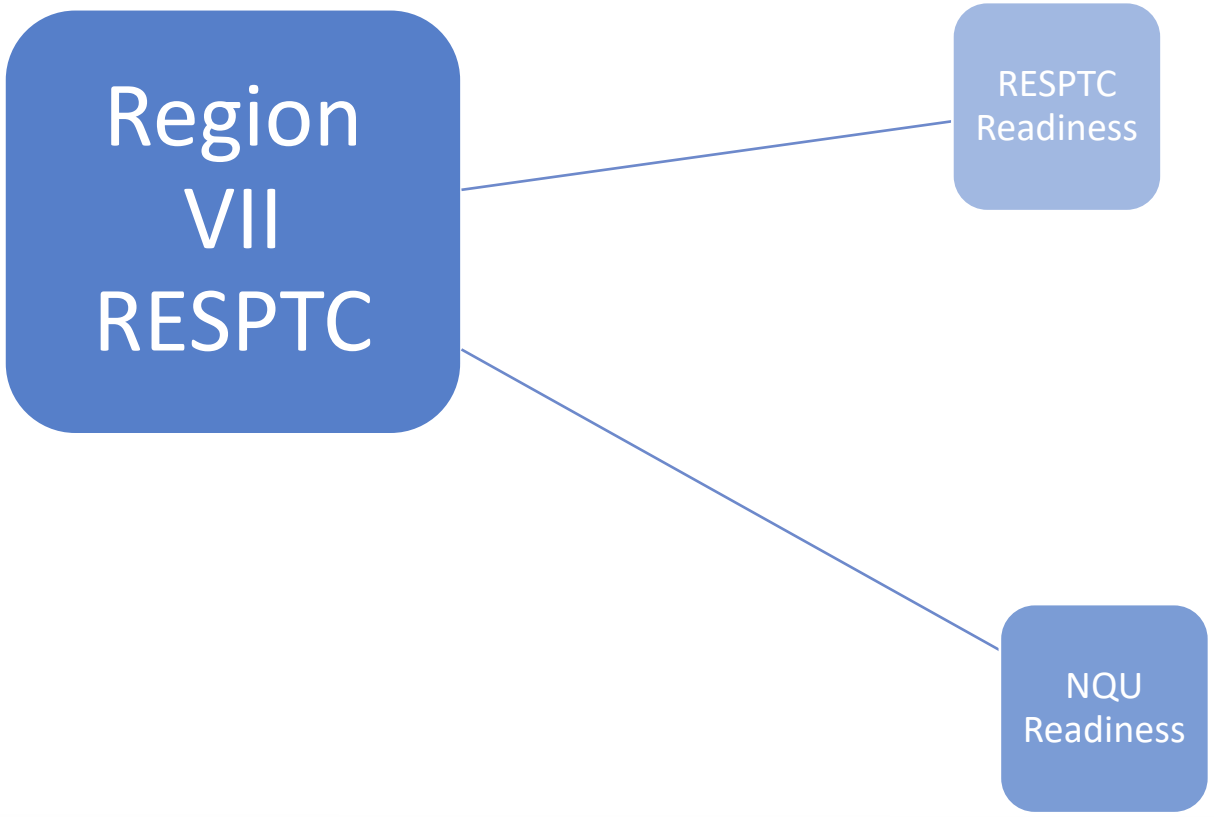
Partner Support & Preparedness Activities



- Support review and use of readiness tools
- Activation of RESPTC/NSPS network for support
- Coordinate access to MCM
- Report operational challenges + find solutions
- Attend federal coordinating calls

- **Iowa HHS and Hospital Support**
  - Attend daily Iowa HHS Calls
- **Level 2 Support**
  - IPC Workflows, Waste, PPE, Decedent Remains, Terminal Cleaning
- **Level 3 & 4 support**
  - IPC workflows, hospital/EMS interface, PPE, Waste management, lab considerations, more
- **EMS Support**
  - Ambulance Prep, PPE, waste, long distance ground Transport

RESPTC Preparedness & Response Activities



- Biocontainment Unit readiness
  - Laboratory QC
  - Autoclave
  - Staff schedule
- Executive leadership education
- Labor & Delivery engagement
- Just-in-time training
- Pediatric/Child Life Services

- Preparing space for pediatric quarantine
- Just-in-time training and team expansion
- Cultural considerations
  - Religion
  - Food
  - Accommodating families
- Family/Child Life services

Operational Response Challenges

- Waste management
- Staffing attrition
- Training currency and frequency
- Decedent management
- Terminal cleaning and disinfection
- Number of healthcare personnel exposed

Operational Response Successes

- Communication between local, state, regional and federal partners
- Ready access to special pathogens network for support
  - Region 5 waste management process
  - NETEC MCM protocols
  - Region 7 deployable team
  - NETEC readiness assessment tools and educational materials
- Relationships
  - 10 years of collaboration between Iowa and Nebraska
    - Maintain quarterly calls with EMS, Level 2 and 3 hospitals, and public health

Advancing Regional Preparedness through Exercises

Region 7 Findings from NSPS TTX – Jan 2025

High Level Findings:

- Gaps in **Awareness** and **Access to State and Regional HCID CONOPS**
- **Laboratory capabilities unknown** within R7
- **EMS readiness is diminished** across most of R7
  - Aging ambulances, outdated PPE, limited training
  - Minimum ability to conduct **long distance transport**
- **Pediatric beds** for HICD are limited within R7
- High reliance on **JITT** (EMS and Hospitals)
- **Unclear roles and responsibilities** for **risk communication (All)**
- Need to develop or augment plans to support **regional patient surge**

Participating Agencies:

- Administration for Strategic Preparedness and Response - Region 7
- Children's Mercy Kansas City
- Healthcare Coalition Partners of Kansas
- Jackson County, MO Public Health
- Kansas City Fire Department
- Kansas Department of Health and Environment
- Kansas Hospital Association
- Medical Reserve Corps of Greater Kansas City
- Mercy EMS
- Mid-America Regional Council (MARC) Health Care Coalition
- Missouri Department of Health and Senior Services
- Missouri State Public Health Laboratory
- Nebraska Department of Health and Human Services
- Nebraska Hospital Association
- Nebraska Medicine, RESPTC R7
- NORAD and USNORTHCOM
- Omaha Fire & Rescue
- Platte County Health Department
- Sedgwick County EMS
- St. Charles County Department of Public Health
- The University of Kansas Health System
- University of Iowa Health Care - Special Pathogens Unit
- University of Nebraska Medical Center

Region 7 Sentinel Shield TTX & CONOPS Workshop – April 2025

High Level Findings:

1. Opportunity to strengthen **travel screening** practices
2. Gaps in **testing procedures and laboratory coordination**/expectations
3. Public health **risk communication**
   - Unified messaging
4. **Aging vehicles and PPE** supply diminished
5. Inconsistent **trigger points for event notification**
6. **Waste Management** at EMS respite locations and transfer points
7. Need for **expansion of services** across the Region
   - NSPS participating hospitals and EMS agencies

Actions and Planning

Actions:

1. **Establishment of the *"Region 7 Laboratory Workgroup"***
   - Venue to share changes to state testing menus, availability of training, and other ongoing activities from state public health labs
   - Creation of "Region 7 Measles Preparedness Survey"
     - Overall testing capabilities and capacity, agreements between organizations and agencies, purchasing and supply chains, referral testing pathways.
2. **Targeted Support** and looking to **onboard additional NSPS facilities** throughout the region
   - Pediatric hospital in Kansas City
   - Additional facility, recently integrated into existing level 3 in Kansas City
   - St. Louis Level 3 facility looking to increase capabilities to Level 2
   - Gauging interest from other health systems to participate in NSPS system
     - Working with engaged partners within our region to identify potential NSPS partners within rural NE, KS, and MO
3. **Strengthening Regional EMS Capabilities**
   - PPE provided to maintain capabilities
   - Development of Identify, Isolate, and Inform resource for EMS partners
   - Region 7 EMS Workgroup beginning discussions on agreements to share EMS crews and assets across the region
4. Strengthening **relationships across R7 PH partners**
   - Updated and established R7 HAN for special pathogen events

Q & A

NHCPC25
NATIONAL HEALTHCARE COALITION PREPAREDNESS CONFERENCE

Strengthening Coalitions Lies Deep in the Heart of Collaboration

Presented By:
MESH

Kansas Cyber Response Framework and Technology and Cyber Resilience Program

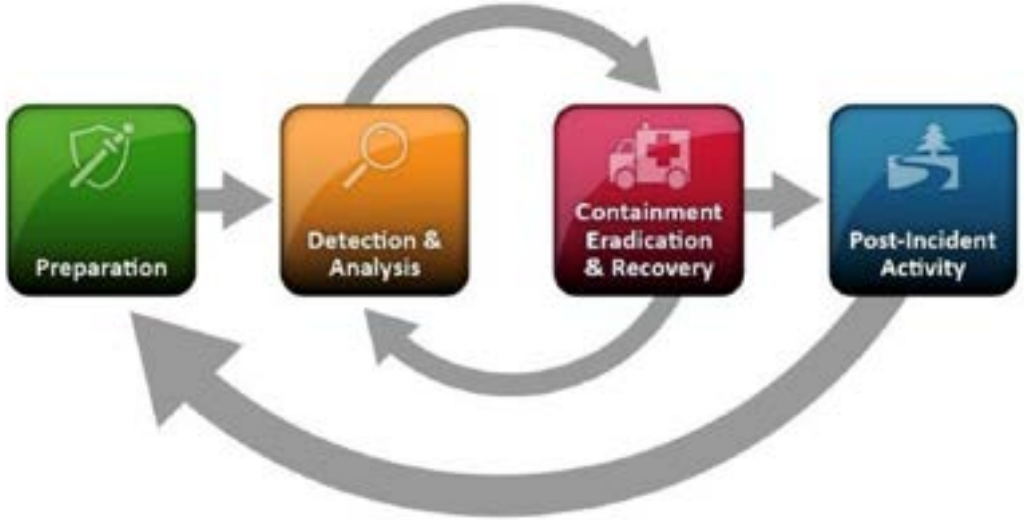
Eric Tolbert, ACRP, CC

Kansas Cyber Response Framework

Eric Tolbert, ACRP, CC
Kansas Information Security Office

NIST Cyber Incident Response Life Cycle

The NIST Incident Response Life Cycle, which identifies the major phases of the incident response process—preparation, detection and analysis, containment, eradication and recovery, and post-incident activity.



Technology Cyber Resiliency Program (TCRP)

- Technology Cyber Resiliency Program includes:
  - Continuity of Operations Plan (COOP)
  - Technology Cyber Resilience Plan (TCR Plan)
  - Risk Analysis
  - Incident Response Plan (IRP)
  - Disaster Recovery play books / procedures
  - Emergency Notifications (Contact List)
  - Test current activation procedures and ensure the plans are understood by key personnel.
- Review delegations of authority, incident response procedures, technology and cyber investigative procedures, executive decision making and notifications, to ensure those plans, policies and processes meet the needs of the organization.

Technology Cyber Resiliency Program Not Included

Cybersecurity Insurance Documentation

- What does it cover?
- What does it not cover?
- Will it include a Breach Coach?
- Who will be used as an Incident Response Team?
- What reporting is required?
  - KSA 75-7244 (If tied to State Systems)
  - SEC Cybersecurity Disclosure (Public Companies)
  - CISA Cyber Incident Reporting for Critical Infrastructure
  - Personally Identifiable Information (PII)
  - Medical Information (HIPAA)

- Do Not keep the policy on the network.

Mandatory Cybersecurity Incident Reporting

- KSA 75-7244 (also known as HB 2019) requires:
- Any public entity that has a significant cybersecurity incident shall notify the Kansas Information Security Office **within 12 hours** after discovery of such an incident.
- Any government contractor that has a significant cybersecurity incident … shall notify the Kansas Information Security Office **within 72 hours** after the contractor believes the incident occurred.

Can report on the KISO website: https://www.ebit.ks.gov/divisions/information-security-office-kiso/resources/incident-reporting

Can call 785-296-6069 which will be monitored and/or answered 24/7

What constitutes a ‘significant cybersecurity incident’?

A cybersecurity incident that results in or is likely to result in financial loss or demonstrable harm to public confidence or public health and safety in the State of Kansas. Any event or combination that threatens, without lawful authority the confidentiality, integrity or availability of information or information systems and that requires an entity to initiate a response or recovery.

Examples include but are not limited to malware, ransomware, denial of service, man in the middle and other such attacks by bad actors.

What to Report / What NOT to Report

What to report:

- Denial of service attack that lasted over an hour
- Discovery of ransomware note
- Multiple anti-virus or endpoint detection and response alerts resulting in a need to contain or shutdown systems

Things not to report:

- Individual phishing message
- Single anti-virus alerts

Kansas Cyber Incident Response Framework

The Kansas Cyber Incident Response Framework details the standard roles, responsibilities, and procedures guiding the State of Kansas' (SOK) response to cybersecurity incidents. It is intended as a framework for state agencies to use when developing the agency's individual cyber incident response plan. Agencies are also responsible for having disaster recovery playbooks for each of their systems.

This framework is adaptable and can be used by other public entities.

What Now?!

Incident Reporting Priorities

1st Call – Kansas Information Security Office

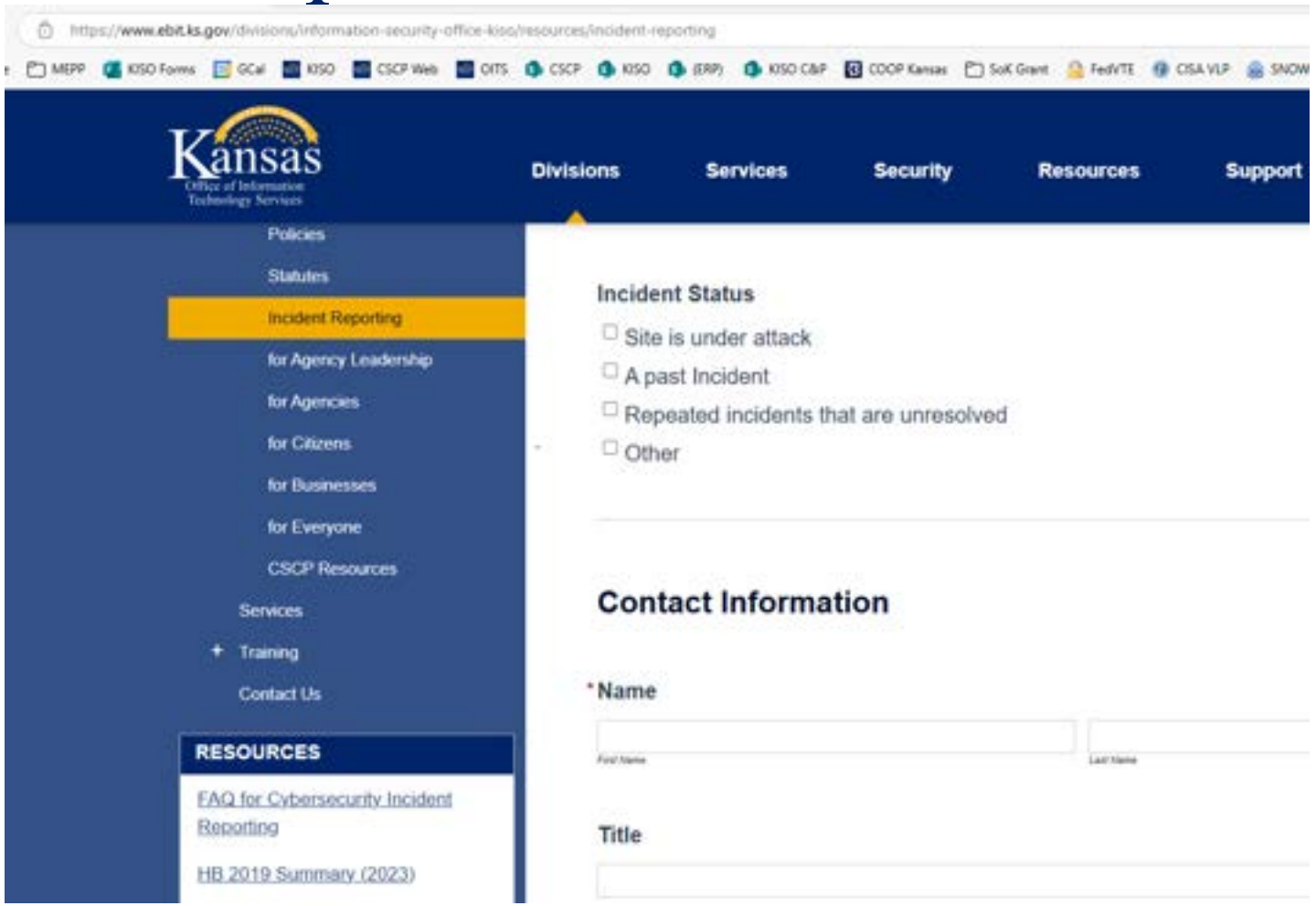
2nd Call – Cyber Insurance (if you have it)

3rd Call – Notify Managed Service Provider (MSP)

4th Call – Notify Local Administration (City Council, etc.)

5th Call – Notify Critical Stakeholders (Pre-determine who)

KS Cyber Response Framework - Initial Report

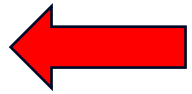


[Incident Reporting | Kansas State Office of Information Technology Services EBIT]

KS Cyber Response Framework - Initial Report

Initial report from website or call (Cybersecurity, Collaboration & Planning, CSCP Team).

CSCP Team follows up with reporting entity for additional information. *Initial report follow-up form.



CSCP Team makes initial notifications (CISO, KBI, Fusion Center, OITS PIO, additional agencies as identified). *Matrix

CISO will initiate Cyber Policy Group and make initial report to Governor's Office.

What will KISO ask for?

- Have you disconnected your network from the internet?
- Have you left your equipment powered on (important from a forensics standpoint)
- Any Potential Indicators of Compromise? (A ransomware note is a pretty big clue….)
- How was current security measures circumvented
- How many machines, what equipment is impacted (one desktop, network, etc.)
- What logs are available and how far back do they go? Have they been professionally analyzed?
- Was data exposed? What kind?

What will KISO ask for? Cont.

- Are your backups compromised?
- Do you have a “clean” backup? How do you know?
- Do you have Cyber Insurance? Have you contacted them?

Initial Cyber Response Teams

- Cyber Policy Group/Team
- Cyber Joint Information Center (CJIC)
- Cyber Response/Restoration Team (CRT)
- Cyber Support Team (CST)

Cyber Policy Group/Team

Cyber Policy Group comprised of –

- CISO
- Agency Head/ Entity Leadership
- CIO
- PIO
- Legal
- HR
- Breach Coach*

*at discretion of CISO/Agency Head

Function - The function of the Cyber Policy Group is making sure the agency and state policies, procedures, and laws are followed. They are responsible for reviewing and approving all communications (internal and external). They will brief the Governor and/or the Governor's delegates. They will approve emergency purchases and staff augmentation as needed.

Recommended Trainings – G402 or IS 100, 200, 700, 800. AWR 383 Cybersecurity for Senior Executives (TEEX)

Cyber Joint Information Center (CJIC)

CJIC comprised of:

- OITS PIO
- Agency/Entity PIO
- Governor's PIO
- *Additional PIOs if additional agencies become impacted.

Function – The CJIC identifies all stakeholders internal and external (this can include public entities outside of State Agencies). The CJIC sets up communication tempos with all stakeholders. This can be in the form of news releases, media briefings, social media posts, website updates, and conference calls. These communication updates need to be set up with the Cyber Policy Group at regular intervals. The CJIC should provide the Cyber Policy Group with talking points for conference calls, media briefs, interviews, and news conferences. All information/media releases must be drafted by the CJIC and approved by the Cyber Policy Group. The CJIC maybe asked to schedule conference calls with the Governor's office for the Cyber Policy Group.

Recommended Training – IS 29, E105 Basic PIO, E388 Adv PIO Course

Cyber Response/Restoration Team (CRT)

Comprised of:

- Cyber Response Manager (CRM)
- Technical responders/system specialists (State SOC, local IT teams)
- Forensic investigators
- Cyber Restoration Team
- Vendor support (from impacted systems)

Function - The Cyber Response/Restoration Team is responsible for assessing the cyber breach, setting up response priorities, cyber forensic response, coordination with law enforcement, and handling cyber/IT systems restoration.

Recommended training – IS 100, IS 200, IS 700, IS 800

Cyber Response Manager (CRM)

The Cyber Response Manager (CRM) will function as liaison for the impacted entity to the CIO, ISO, and CST at set intervals unless additional communication is necessary. The CRM will coordinate with the Cyber Support Team (CST) for additional staff, ordering of vendors, supplies, and make all requests for support. They will set the work periods (12 hours on/12 hours off is recommended). They will set the cyber response objectives for each work period and clear them with the Cyber Policy Group. All requests for additional staff, purchases, vendors, etc., will come from the CRM. The CRM will consult with the Agency CIO,ISO, and CISO as needed.

Recommended training – IS 100, IS 200, IS 700, IS 800, G300, G400.

Cyber Support Team (CST)

CST comprised of -

- CSCP Team members
- OITS Procurement Team Member
- Finance Team member (OITS/ Agency)
- HR or designee (OITS/Agency)

Function – The Cyber Support Team will be responsible for documenting all the resources, vendors, and purchases that are necessary as part of the cyber response. They will receive request for support, equipment, additional purchases, from the CRM and secure them. They will seek approval of the Policy Group if necessary and will coordinate with the State Procurement Office. They will track purchases, vendor contracts, employee hours, and all other expenses that relate to the breach. The Cyber Support Team Lead will coordinate with KDEM in the event of cascading impacts into a physical response.

Recommended Training: ICS 100, 200, 700, 800

Cyber Support Team Lead (CSTL)

Function – The Cyber Support Team Lead will be to schedule situational awareness briefings with the CSM. They will coordinate the activities of the CST. They will ensure that all purchase requests are approved by the policy group and will provide updates to the policy group on resources being utilized.. They will ensure that all future changes that will need to be made are captured and included on the corrective action form. The CSTL will coordinate the completion of the internal cyber incident and provide a final report including all resources, costs, and contracts utilized. They will receive request for support, equipment, additional purchases, from the CRM and coordinate the secure of resources. They will seek approval of the Policy Group if necessary and will coordinate with the State Procurement Office. They will track purchases, vendor contracts, employee hours, and all other expenses that relate to the breach. The Cyber Support Team Lead will coordinate with KDEM in the event of cascading impacts into a physical response.

Recommended Training: ICS 100, 200, 700, 800
G300, G400

Who Can Help?

National Incident Management System

- **IS-700 NIMS, an Introduction:** This independent study course introduces the NIMS concept. NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents.

- **ICS-100 Introduction to the Incident Command System:** This independent study course introduces ICS and provides the foundation for higher level ICS training. It describes the history, features and principles, and organizational structure of the system.

- **ICS-200 Basic Incident Command System for Initial Response:** This independent study course is designed to enable personnel to operate efficiently during an incident or event within the ICS. ICS-200 provides training and resources for personnel who are likely to assume a supervisory position within the ICS.

- **IS-800 National Response Framework (NRF), an Introduction:** The course introduces participants to the concepts and principles of the NRF.

Incident Response Resources

- NIST Incident Response Lifecycle: This publication assists organizations in establishing computer security incident response capabilities and handling incidents efficiently and effectively.
- MS-ISAC (Multi-State Information Sharing and Analysis Center): *The mission of the M*S-ISAC® is to improve the overall cybersecurity posture of U.S. State, Local, Tribal, and Territorial (SLTT) government organizations through coordination, collaboration, cooperation, and increased communication.
- CISA (Cybersecurity Infrastructure Security Agency) Free Services and Resources: a list of free services and tools provided by private and public sector organizations across the cyber community

Resources

Kansas Information Security Office (KISO)
CyberSecurity Collaboration and Preparedness (CSCP)

Website: https://www.ebit.ks.gov/divisions/cybercollaboration
Email: KISO.CyberCollaboration@ks.gov
Request for Services: https://forms.office.com/g/RBkkmhG7pG

- **Misc. Resources**
  - Answer questions about resources
  - General knowledge
  - Facilitate connections and knowledge transfer
- **Tabletop Exercises**
  - Can provide stock templates of cyber-related incidents
  - Can help facilitate TTX exercises as staff availability permits

Resources, cont.

- **Security Training**
  - CISA Secure Our World Campaign
  - https://www.cisa.gov/about/regions
- **Online and In-Person Training**
  - **CISA** (Cybersecurity & Infrastructure Security Agency)

    https://www.cisa.gov
  - **FEMA** (Federal Emergency Management Agency)

    https://training.fema.gov/emi

    https://training.fema.gov/nims
- **General Resources**

  https://www.ebit.ks.gov/divisions/information-security-office-kiso/resources

Resources, cont.

Government Emergency Telecommunications Service (GETS)

Wireless Priority Service (WPS)

https://www.cisa.gov/resources-tools/services/government-emergency-telecommunications-service-gets

Personal Resources

Have I been Pwned? - Check to see if your personal information has been exposed in a data breach
https://haveibeenpwned.com/

Scam-Detector – Check to see if the website you are visiting is a valid website.
https://scam-detector.com

Best Password Managers – PC Mag reviews
https://www.pcmag.com/picks/the-best-password-managers

General Resources
https://www.ebit.ks.gov/divisions/information-security-office-kiso/resources

Legal and Reporting Requirements

Q1: What happens if an agency fails to report an incident within the required 12 or 72 hours?

A: Failure to report may result in non-compliance with KSA 75-7244 and could lead to administrative or legal consequences, depending on the severity of the omission. More importantly, delayed reporting impairs coordinated incident response and may increase damage. KISO emphasizes timely reporting to protect the larger ecosystem.

Q2: What if we're unsure whether an incident meets the threshold of "significant"?

A: If there's any doubt, it's better to err on the side of caution and report. KISO can triage the report and advise on next steps. It's better to report and not need escalation than to delay a response to a potentially damaging incident.

AD ASTRA PER ASPERA
Kansas

Response Teams and Roles

Q3: Who activates these cyber response teams?

A: Typically, activation begins once KISO is notified of a significant incident. They coordinate with the impacted agency's leadership to initiate the Cyber Policy Group and assign a Cyber Response Manager, who then triggers the involvement of other teams based on the severity and scope of the incident.

Q4: What's the difference between the Cyber Support Team and the Cyber Response Team?

A: The Cyber Response Team (CRT) focuses on **technical containment, forensics, and recovery**, while the Cyber Support Team (CST) handles **logistics, procurement, finance, and documentation**. Think of CRT as the boots-on-the-ground technical team, and CST as the operational backbone supporting them.

Communications and Messaging

Q5: How does the CJIC manage messaging if multiple agencies are affected?

A: The CJIC will integrate PIOs from all affected agencies and coordinate a unified communication strategy. All messaging goes through approval by the Cyber Policy Group to ensure legal accuracy and public confidence. This helps avoid confusion and misinformation during sensitive events.

Q6: Who speaks to the media or issues press releases during a response?

A: All public messaging is crafted by the CJIC and must be approved by the Cyber Policy Group. Typically, the agency PIO or a representative designated by the Governor's office will deliver official statements.

Training and Preparedness

Q7: Are agencies required to complete the recommended training courses listed?

A: While not mandatory, these trainings—like ICS 100, 200, 700, and 800—are **strongly recommended** to ensure that each response team member understands their role within the Incident Command System (ICS). These trainings enhance coordination and ensure a smoother response.

Q8: Can local governments request assistance from the state teams?

A: Yes. The framework is designed to be scalable and inclusive. Local and county agencies can report incidents through the same channels and will be supported based on incident severity, resource availability, and jurisdictional collaboration agreements.

Kansas

🔐 Technical and Incident-Specific Questions

Q9: How is data protected during a cyber incident response?

A: The Cyber Response Team follows strict handling and chain-of-custody protocols during forensic analysis. Data confidentiality is a top priority, and any external vendors involved are held to the same data protection standards.

Q10: What vendors are used for restoration or forensics?

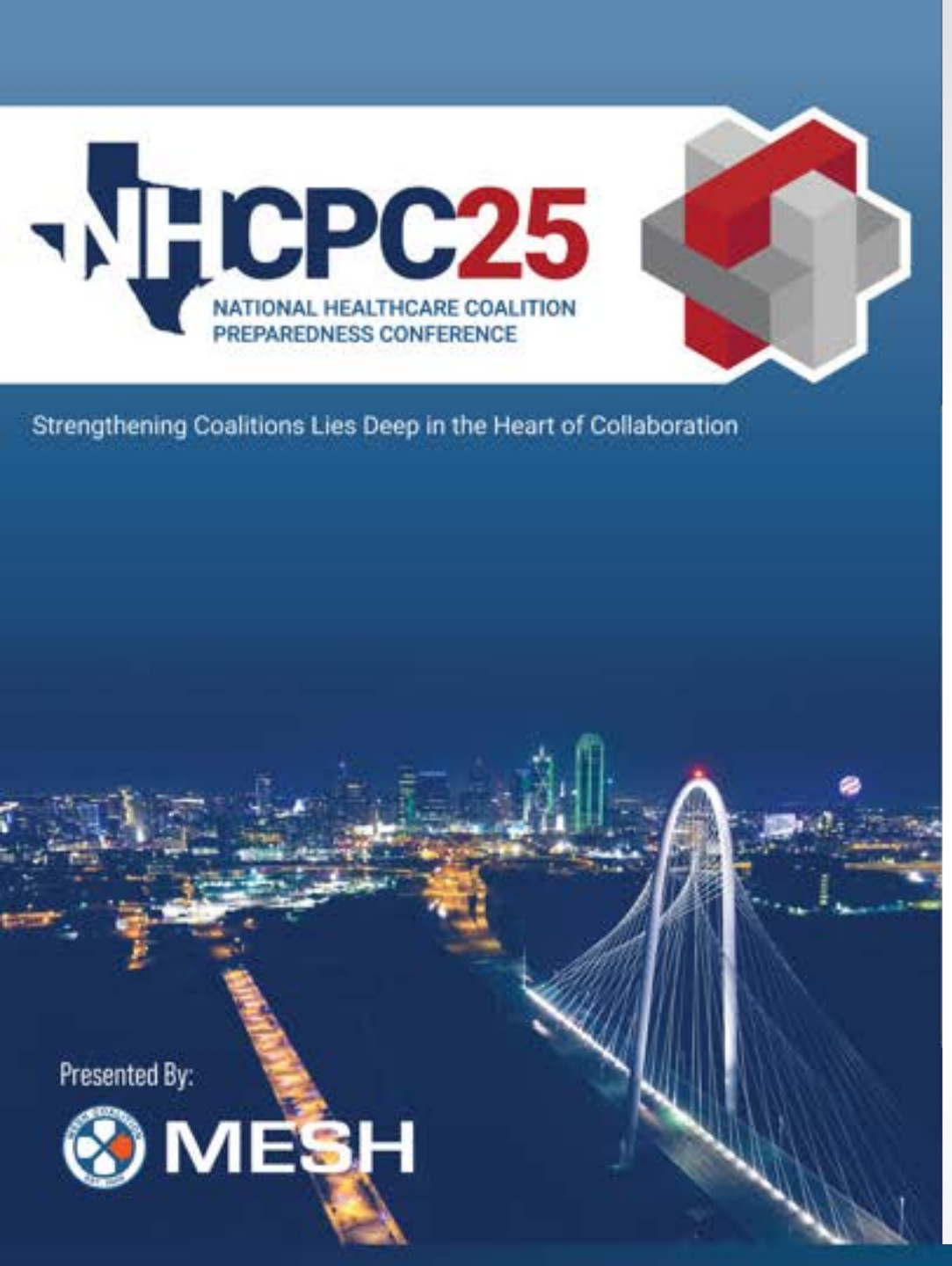
A: That depends on the nature of the incident. The CRM will coordinate with the Cyber Support Team to select pre-vetted or contract-approved vendors. All vendor use must be approved by the Cyber Policy Group and documented by the CST.

Kansas

QUESTIONS?

Don’t practice until you get it right, practice until you never get it wrong…

Kansas



RNC to DNC:

Health Coalition Roles in Managing Complex Mass Gathering Events

KC Booth, DNP, RN, CNL
J. Marc Liu, MD, MPH, FAEMS

Objectives

- National Special Security Events (NSSEs)
- Coalition planning for RNC and DNC 2024
- Observations/Lessons Learned

Disclaimers

- KCB – No relevant conflicts
- JML – Financial conflicts on file

Disclaimers

- The views expressed herein do not represent any local, state, or federal agency.

- (They are merely our observations/opinions!)

Special Thanks

- George Chiampas, DO
- Nicholas Cozzi, MD, MBA
- Thomas Engel, MD
- Thomas Grawey, DO
- Katie Tataris, MD
- Ben Weston, MD

- Chicago Healthcare System Coalition
- Southeast Wisconsin Healthcare Emergency Readiness Coalition, Inc.

National Special Security Event (NSSE)

National Special Security Event (NSSE)

- Designation created originally in 1998
- Designated by Department of Homeland Security or President
- United States Secret Service (USSS) becomes lead federal agency once designated a NSSE

CRS R47439: Special event security and national special security events: A summary and issues for congressional consideration. Congressional Research Service; 2024. https://crsreports.congress.gov/product/pdf/R/R47439

National Special Security Event (NSSE)

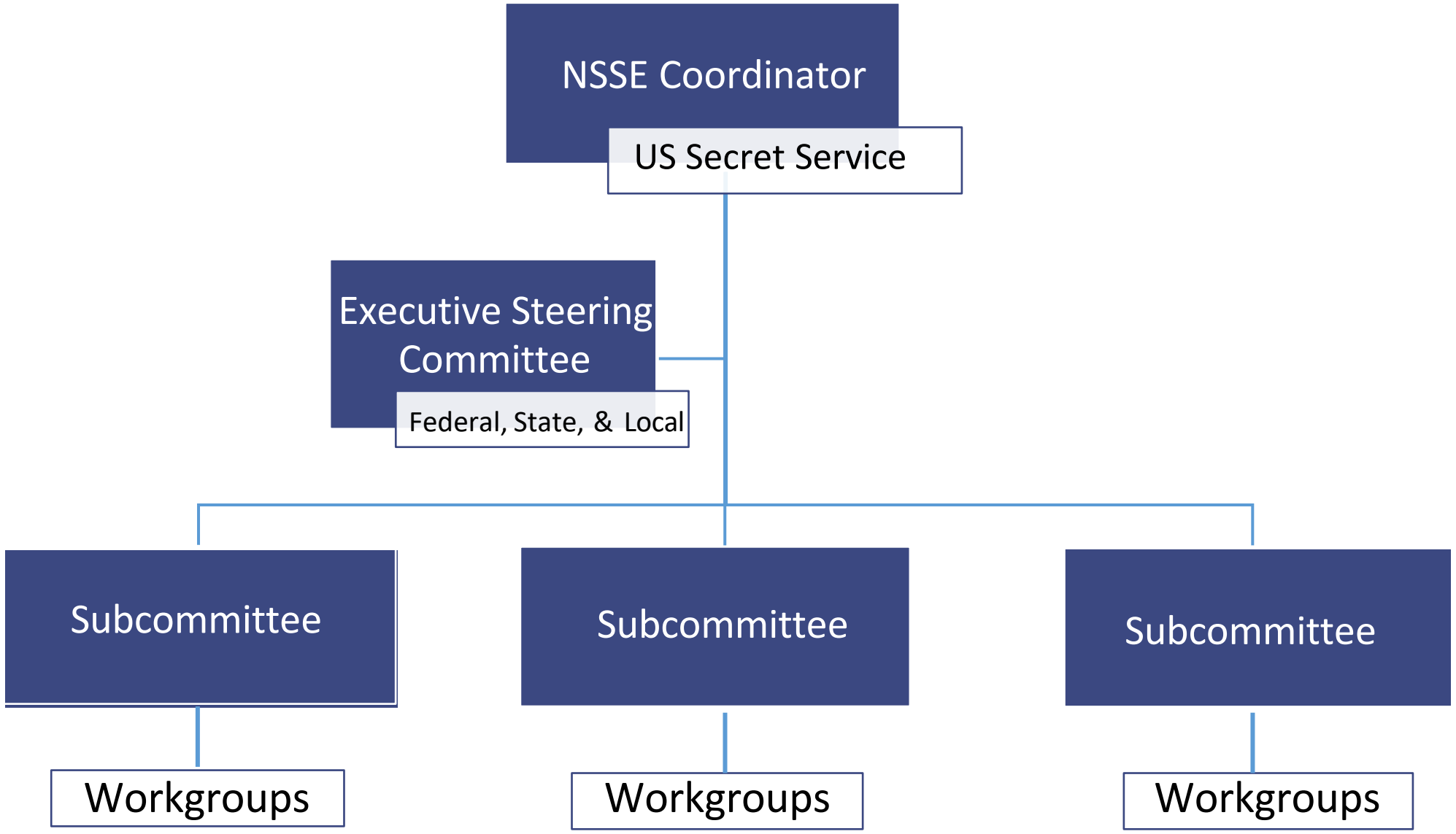
- “events of national or international significance” which may have higher risk of terrorist activity, requiring federal assistance for security

  - Size of event (number of attendees)
  - Significance of event
  - Attendance by U.S. officials and/or foreign dignitaries

World Politics Review, *New York Times*, International Olympics Committee – Olympics.com

NSSE Planning

National Special Security Event Planning Structure



Executive Steering Committee

- Lead group with overall responsibility for planning

- Key representatives
  - Local
  - State
  - Federal
  - Private

Subcommittees

- Cover key functions/areas

- Up to 30 subcommittees
  - Health and Medical Subcommittee

Subcommittees

- Co-chaired
  - USSS representative
  - Local representative

- Chairs invite key stakeholders to join subcommittee

Workgroups

- Subcommittee can create workgroups as needed for tasks/areas

- Workgroups include
  - Subcommittee members involved in tasks
  - Any other representatives needed

Health and Medical Subcommittee

- US Secret Service
- Public Health (local, state, federal)
  - Includes food safety/defense
- Emergency Medical Services
- Hospitals
- Emergency Management
- Key NGOs (e.g. Red Cross, Salvation Army, 211/411)
- Law Enforcement Liaisons

Coalition Roles

- 2024 Republican National Convention

- Health and Medical Subcommittee
  - Southeast WI Healthcare Emergency Readiness Coalition represented all hospitals in region (as well as other disciplines)
  - 2 closest hospitals, Level 1 trauma center also invited

Coalition Roles

- 2024 Democratic National Convention

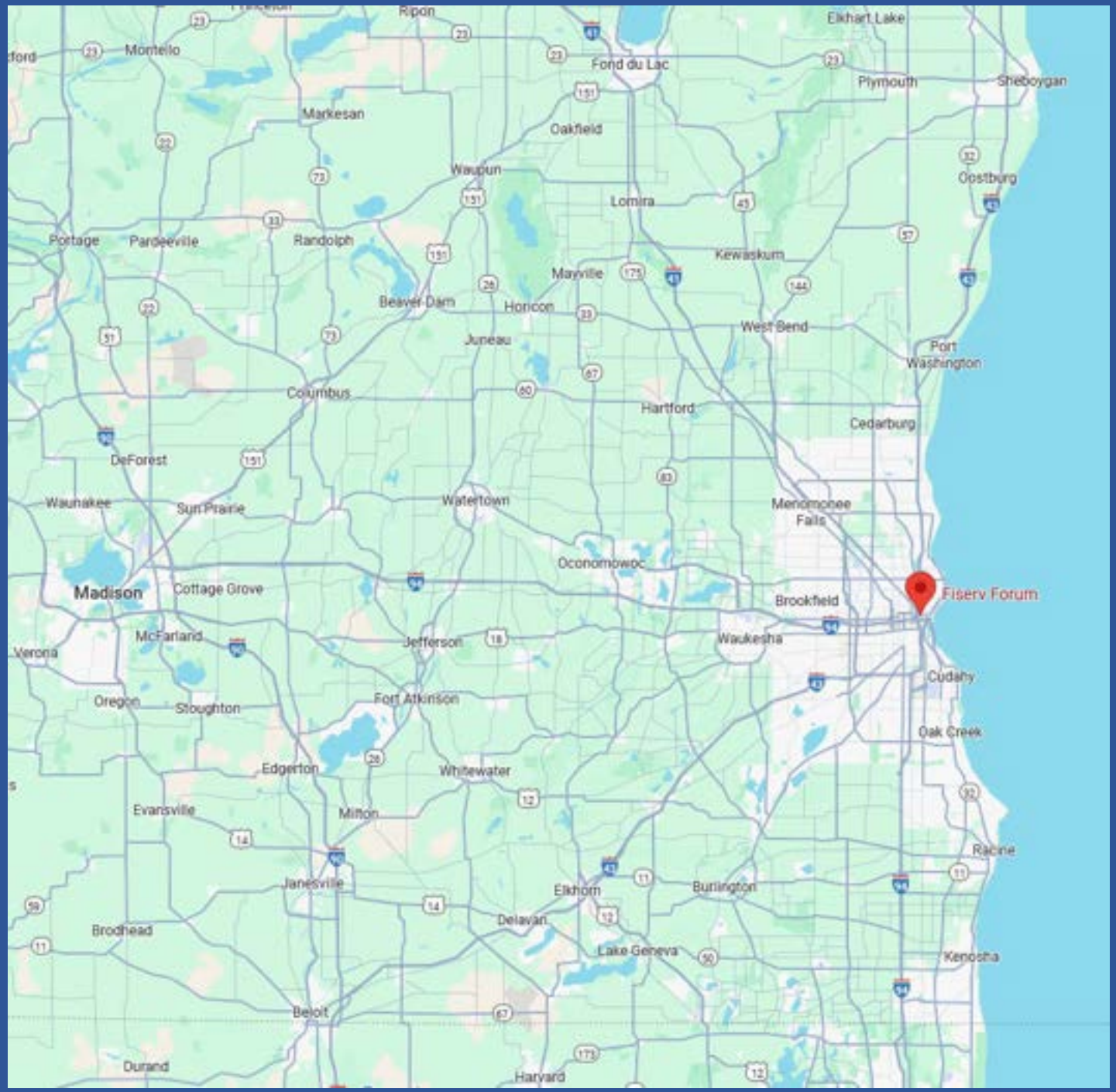
- Health and Medical Subcommittee
  - Chicago Healthcare System Coalition represented hospitals, specialty healthcare centers, and blood banks in region
  - Special emphasis for Illinois Medical District

RNC 2024
MILWAUKEE

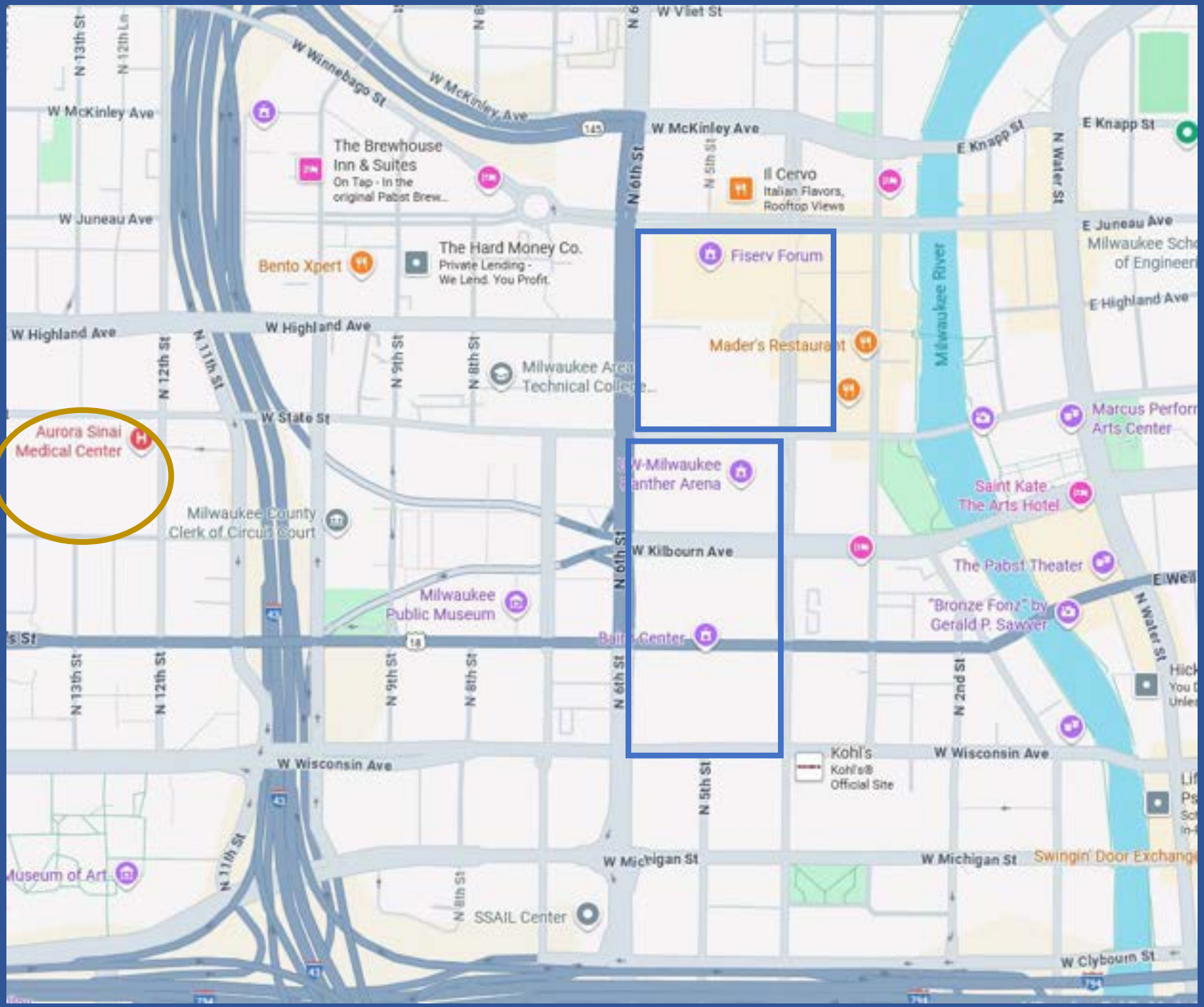
DNC
2024
Democratic National Convention
AUGUST 19-22 • CHICAGO, IL, USA

2024 Republican National Convention

- July 15-18, 2024 in Milwaukee, WI


Ripon
Elkhart Lake
Montello
Fond du Lac
Plymouth
Sheboygan
Markesan
Oakfield
Waupun
Oostburg
Lomira
Portage
Pardeeville
Randolph
Kewaskum
Mayville
Beaver Dam
Horicon
West Bend
Juneau
Port Washington
Columbus
Hartford
Cedarburg
DeForest
Waunakee
Sun Prairie
Watertown
Menomonee Falls
Oconomowoc
Madison
Cottage Grove
Fiserv Forum
Brookfield
McFarland
Verona
Jefferson
Waukesha
Cudahy
Oregon
Stoughton
Fort Atkinson
Oak Creek
Edgerton
Whitewater
Evansville
Milton
Racine
Janesville
Elkhorn
Burlington
Brodhead
Delavan
Lake Geneva
Kenosha
Beloit
Durand
Harvard

Google Maps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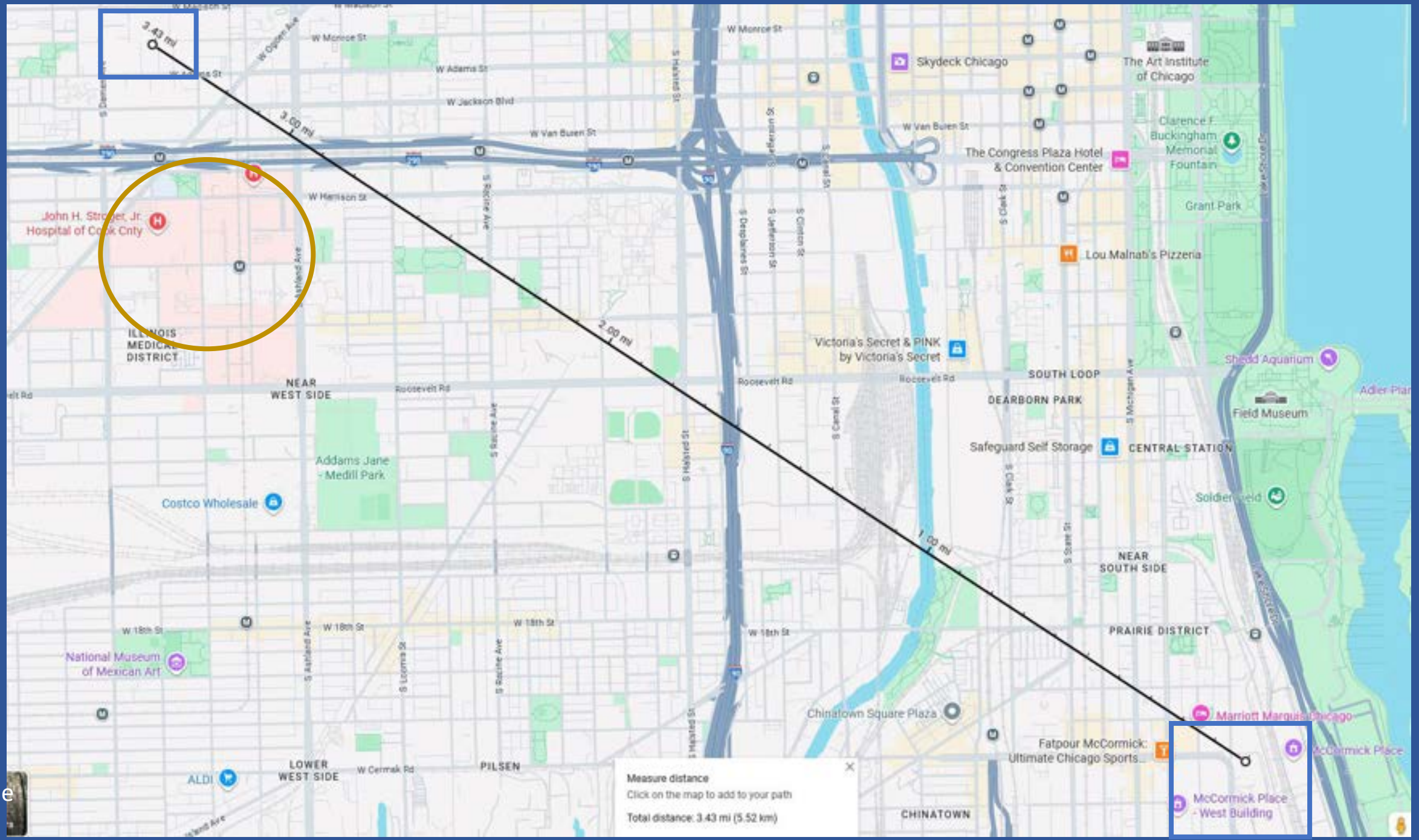
W Winnebago St
W McKinley Ave
N 13th St
N 12th Ln
W McKinley Ave
The Brewhouse Inn & Suites
On Tap - In the original Pabst Brew...
N 6th St
N 5th St
Il Cervo
Italian Flavors, Rooftop Views
E Knapp St
N Water St
W Juneau Ave
Bento Xpert
The Hard Money Co.
Private Lending - We Lend. You Profit.
Fiserv Forum
E Juneau Ave
Milwaukee River
E Highland Ave
W Highland Ave
N 12th St
N 11th St
N 9th St
N 8th St
Mader's Restaurant
Aurora Sinai Medical Center
W State St
Marcus Perform Arts Center
W Kilbourn Ave
Saint Kate - The Arts Hotel
Milwaukee County Clerk of Circuit Court
The Pabst Theater
Milwaukee Public Museum
"Bronze Fonz" by Gerald P. Sawyer
N 2nd St
Kohl's
W Wisconsin Ave
W Michigan St
Swingin' Door Exchange
Museum of Art
SSAIL Center
W Clybourn St

Google Maps

2024 Democratic National Convention

- August 19-22, 2024 in Chicago, IL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W Jackson Blvd
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W Harrison St
Roosevelt Rd
W 18th St
W Cermak Rd
Skydeck Chicago
The Art Institute of Chicago
Clarence F. Buckingham Memorial Fountain
The Congress Plaza Hotel & Convention Center
Grant Park
Lou Malnati's Pizzeria
John H. Stroger, Jr. Hospital of Cook Cnty
ILLINOIS MEDICAL DISTRICT
NEAR WEST SIDE
Victoria's Secret & PINK by Victoria's Secret
SOUTH LOOP
DEARBORN PARK
Shedd Aquarium
Field Museum
Safeguard Self Storage
CENTRAL STATION
Addams Jane - Medill Park
Costco Wholesale
Soldier Field
NEAR SOUTH SIDE
PRAIRIE DISTRICT
National Museum of Mexican Art
Chinatown Square Plaza
Marriott Marquis Chicago
Fatpour McCormick: Ultimate Chicago Sports...
McCormick Place
McCormick Place - West Building
ALDI
LOWER WEST SIDE
PILSEN
CHINATOWN
Measure distance
Click on the map to add to your path
Total distance: 3.43 mi (5.52 km)

Google Maps

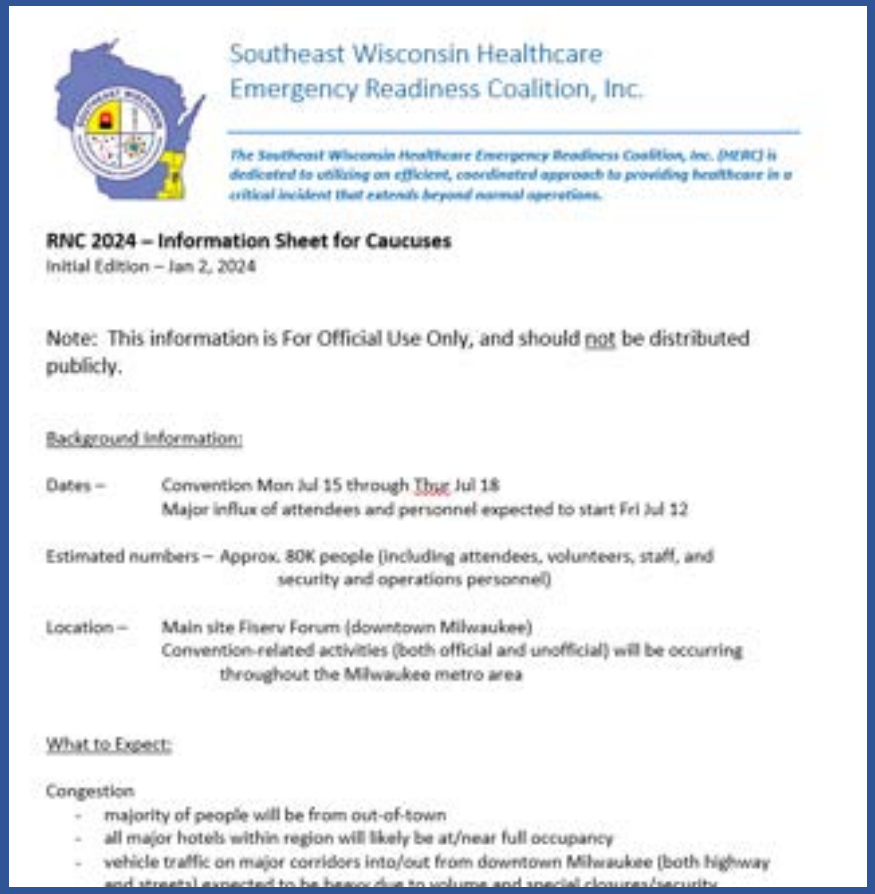
Coalitions in Planning

- Used event as motivation to review all hospital preparedness plans

- Used coalition for sequential exercises culminating in event-like full scale exercise

Coalitions In Planning

- Used coalition meetings to provide information and develop plans



Southeast Wisconsin Healthcare Emergency Readiness Coalition, Inc.

The Southeast Wisconsin Healthcare Emergency Readiness Coalition, Inc. (SEWI) is dedicated to utilizing an efficient, coordinated approach to providing healthcare in a critical incident that extends beyond normal operations.

RNC 2024 – Information Sheet for Caucuses
Initial Edition – Jan 2, 2024

Note: This information is For Official Use Only, and should not be distributed publicly.

Background Information:

Dates – Convention Mon Jul 15 through Thur Jul 18
Major influx of attendees and personnel expected to start Fri Jul 12

Estimated numbers – Approx. 80K people (including attendees, volunteers, staff, and security and operations personnel)

Location – Main site Fiserv Forum (downtown Milwaukee)
Convention-related activities (both official and unofficial) will be occurring throughout the Milwaukee metro area

What to Expect:

Congestion
- majority of people will be from out-of-town
- all major hotels within region will likely be at/near full occupancy
- vehicle traffic on major corridors into/out from downtown Milwaukee (both highway

Hospital Response Guidance Document: Individuals of Prominence

Illinois Health and Hospital Association

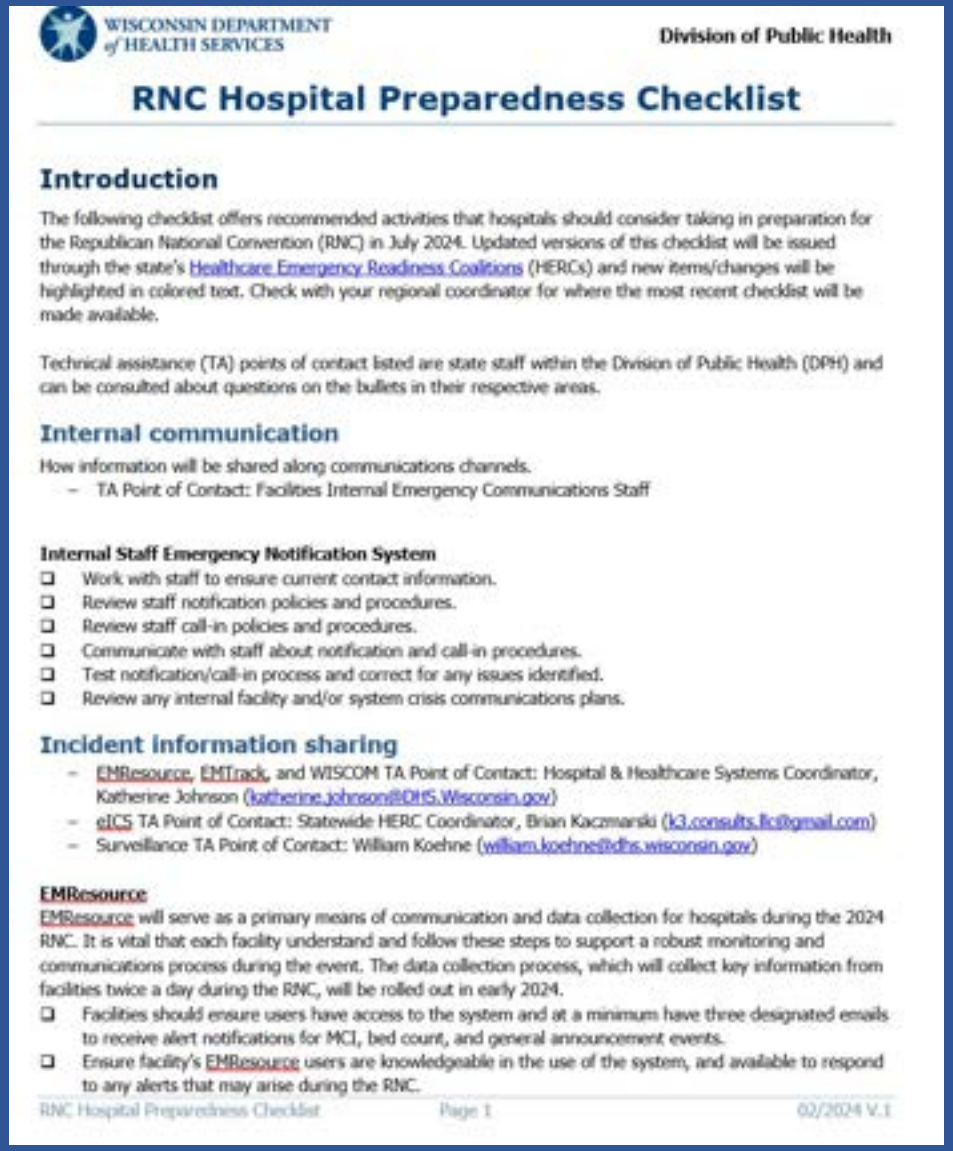
This guidance document is designed to assist hospitals in providing exemplary care for individuals of prominence (IOPs), prioritizing privacy, security and exceptional service while preventing unnecessary disruption to services. This resource offers valuable insights, protocols and best practices to ensure the seamless coordination of healthcare services for individuals who are accustomed to a heightened level of attention and confidentiality. From admission procedures to discharge protocols, we strive to equip healthcare professionals with the knowledge and tools to navigate the complexities of caring for IOPs with professionalism and discretion.

TRANSPORTATION AND SPACE
- ☐ Anticipate arrival via car service, ambulance or motorcade, likely via the emergency department or trauma bay.
- ☐ Consider secure access points like a helipad or private entrance; your hospital may have a pre-designated access point for IOPs.
- ☐ Consider taking alternative routes (e.g., back-of-house area(s) when transporting the patient.
- ☐ Provide a spacious private suite or wing away from other patients for privacy, and arrange a separate location for family members and the motorcade/entourage.
- ☐ Ensure parking for motorcades/vehicles to meet transportation needs.

SECURITY
- ☐ Secure the hospital perimeter based on medical condition and threat level.
- ☐ Expect 24/7 protection, including personal security details and potential law enforcement representatives.
- ☐ Be prepared to establish an internal security protection plan in case the IOP needs their own personal security detail.
- ☐ Increase staff credentialing for authorized access.
- ☐ Prepare to update your visitor policy and handle protests or civil unrest.

INCIDENT COMMAND
- ☐ Anticipate Incident Command activation and unified command/ communication with authorities.
- ☐ Incident Command may encounter the following key issues when managing the care of an IOP:
  - Visitor security issues, including unauthorized visitors in the IOP's care area
  - Media inquiries and staging
  - Efficiency and quality of patient care for all patients, regardless of IOP status
  - Security measures and access control needs
  - Coordination with local law enforcement, security details, and personal care teams accompanying an individual of prominence

Preparedness Checklist



WISCONSIN DEPARTMENT of HEALTH SERVICES

Division of Public Health

RNC Hospital Preparedness Checklist

Introduction

The following checklist offers recommended activities that hospitals should consider taking in preparation for the Republican National Convention (RNC) in July 2024. Updated versions of this checklist will be issued through the state's Healthcare Emergency Readiness Coalitions (HERCs) and new items/changes will be highlighted in colored text. Check with your regional coordinator for where the most recent checklist will be made available.

Technical assistance (TA) points of contact listed are state staff within the Division of Public Health (DPH) and can be consulted about questions on the bullets in their respective areas.

Internal communication

How information will be shared along communications channels.

- TA Point of Contact: Facilities Internal Emergency Communications Staff

Internal Staff Emergency Notification System

- ❑ Work with staff to ensure current contact information.
- ❑ Review staff notification policies and procedures.
- ❑ Review staff call-in policies and procedures.
- ❑ Communicate with staff about notification and call-in procedures.
- ❑ Test notification/call-in process and correct for any issues identified.
- ❑ Review any internal facility and/or system crisis communications plans.

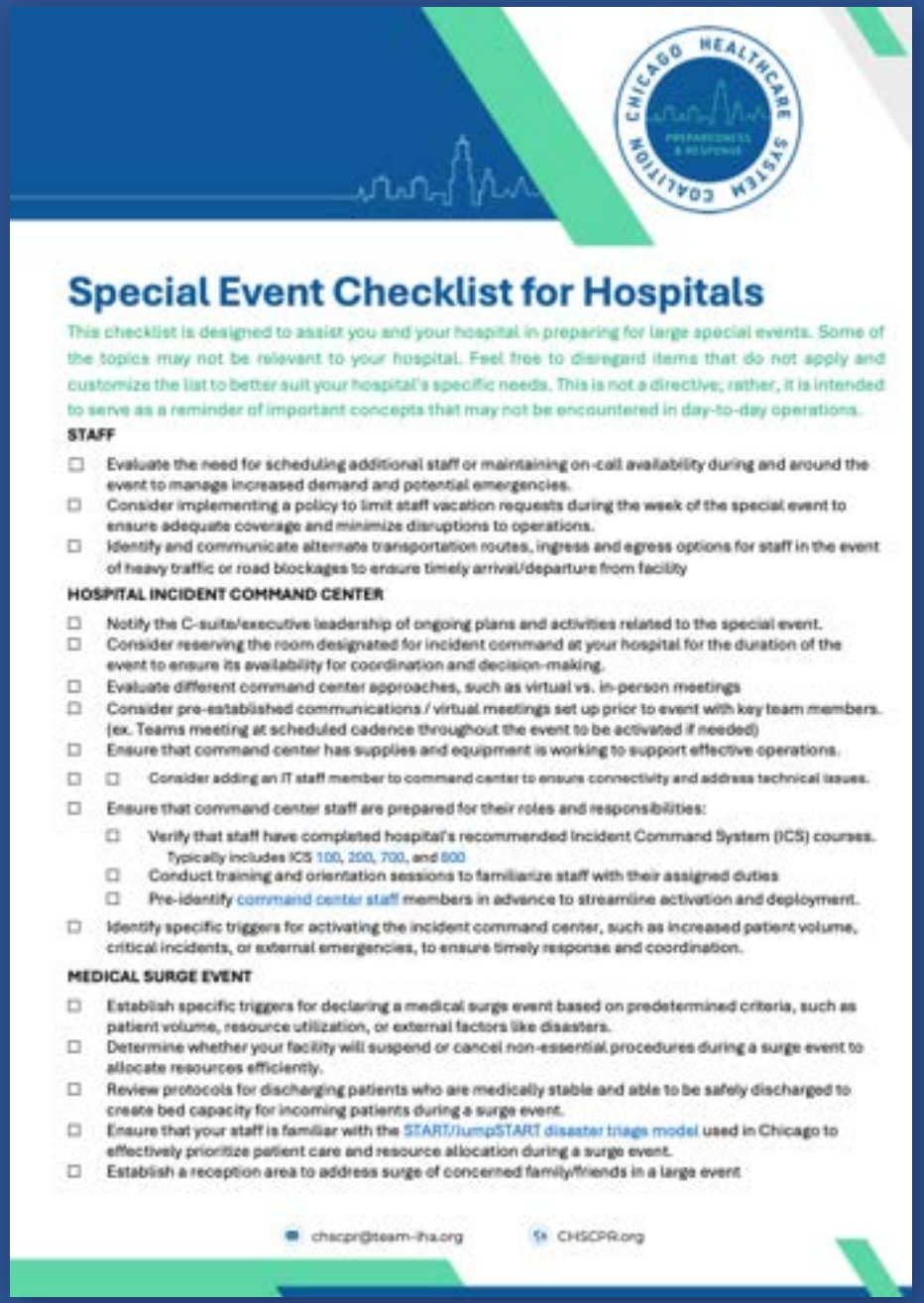
Incident information sharing

- EMResource, EMTrack, and WISCOM TA Point of Contact: Hospital & Healthcare Systems Coordinator, Katherine Johnson (katherine.johnson@DHS.Wisconsin.gov)
- eICS TA Point of Contact: Statewide HERC Coordinator, Brian Kaczmarski (k3.consults.llc@gmail.com)
- Surveillance TA Point of Contact: William Koehne (william.koehne@dhs.wisconsin.gov)

EMResource

EMResource will serve as a primary means of communication and data collection for hospitals during the 2024 RNC. It is vital that each facility understand and follow these steps to support a robust monitoring and communications process during the event. The data collection process, which will collect key information from facilities twice a day during the RNC, will be rolled out in early 2024.

- ❑ Facilities should ensure users have access to the system and at a minimum have three designated emails to receive alert notifications for MCI, bed count, and general announcement events.
- ❑ Ensure facility's EMResource users are knowledgeable in the use of the system, and available to respond to any alerts that may arise during the RNC.



CHICAGO HEALTHCARE SYSTEM COALITION

Special Event Checklist for Hospitals

This checklist is designed to assist you and your hospital in preparing for large special events. Some of the topics may not be relevant to your hospital. Feel free to disregard items that do not apply and customize the list to better suit your hospital's specific needs. This is not a directive; rather, it is intended to serve as a reminder of important concepts that may not be encountered in day-to-day operations.

STAFF

- ☐ Evaluate the need for scheduling additional staff or maintaining on-call availability during and around the event to manage increased demand and potential emergencies.
- ☐ Consider implementing a policy to limit staff vacation requests during the week of the special event to ensure adequate coverage and minimize disruptions to operations.
- ☐ Identify and communicate alternate transportation routes, ingress and egress options for staff in the event of heavy traffic or road blockages to ensure timely arrival/departure from facility

HOSPITAL INCIDENT COMMAND CENTER

- ☐ Notify the C-suite/executive leadership of ongoing plans and activities related to the special event.
- ☐ Consider reserving the room designated for incident command at your hospital for the duration of the event to ensure its availability for coordination and decision-making.
- ☐ Evaluate different command center approaches, such as virtual vs. in-person meetings
- ☐ Consider pre-established communications / virtual meetings set up prior to event with key team members. (ex. Teams meeting at scheduled cadence throughout the event to be activated if needed)
- ☐ Ensure that command center has supplies and equipment is working to support effective operations.
  - ☐ Consider adding an IT staff member to command center to ensure connectivity and address technical issues.
- ☐ Ensure that command center staff are prepared for their roles and responsibilities:
  - ☐ Verify that staff have completed hospital's recommended Incident Command System (ICS) courses. Typically includes ICS 100, 200, 700, and 800
  - ☐ Conduct training and orientation sessions to familiarize staff with their assigned duties
  - ☐ Pre-identify command center staff members in advance to streamline activation and deployment.
- ☐ Identify specific triggers for activating the incident command center, such as increased patient volume, critical incidents, or external emergencies, to ensure timely response and coordination.

MEDICAL SURGE EVENT

- ☐ Establish specific triggers for declaring a medical surge event based on predetermined criteria, such as patient volume, resource utilization, or external factors like disasters.
- ☐ Determine whether your facility will suspend or cancel non-essential procedures during a surge event to allocate resources efficiently.
- ☐ Review protocols for discharging patients who are medically stable and able to be safely discharged to create bed capacity for incoming patients during a surge event.
- ☐ Ensure that your staff is familiar with the START/JumpSTART disaster triage model used in Chicago to effectively prioritize patient care and resource allocation during a surge event.
- ☐ Establish a reception area to address surge of concerned family/friends in a large event

chacpr@team-iha.org CHSCPR.org

Coalitions In Planning

- Used coalition relationships to connect agencies/organizations

- Used coalition knowledge to locate/catalog available resources

RNC 2024 – Receiving Facility Usage Areas

Area 1	10-mile radius from primary venue
Area 2	All Milw County EMS receiving facilities plus surrounding counties of Ozaukee, Racine, Washington, Waukesha Counties
Area 3	Fond du Lac, Kenosha, Sheboygan, Walworth Counties

	Area 1 (10-mi radius)	Trauma Level	STEMI Receiving	Thrombectomy Stroke Receiving	Comprehensive Obstetrics Receiving
← Increasing Distance from Venue	Aurora Sinai	4			X (NICU)
	Ascension St. Mary's Milwaukee (2.2 mi)	4 (Burn)	X	X	X (NICU)
	Zablocki VA Medical Center (3.4 mi)	4			
	Ascension St. Joseph's	4	X		X (NICU)
	Ascension St. Francis	N/A			
	Aurora St. Lukes Main (4.2 mi)	3	X	X	
	Childrens Hospital of WI (5.4 mi)	**1 – Pediatric** (Burn)	X	X	(NICU 4)
	Froedtert Hospital (5.4 mi)	**1**	X	X	X
	Aurora West Allis	4			X (NICU)

Trauma level - State of WI trauma level designation (Level 1 highest)

Italics indicates neighborhood hospital with limited inpatient capabilities

STEMI receiving – available cardiac catheterization lab capable of angiographic intervention

Thrombectomy stroke receiving – available neurointerventional lab capable of thrombectomy

Comprehensive obstetrics receiving – available obstetrics/labor and delivery services (Neonatal ICU Level 4 highest)

Patient Distribution Tool

Hospital Name	Region	Resource	ED Bed Capacity	Trauma	Peds Level	STEMI Center	Stroke Center	Perinatal Level	NDMS	RITN	SPTC	Burn	Distance in miles	Red	Yellow	Green	Hospital Total
Hospital I	11	Associate	35	None	None	No	Primary	Level II	Yes	No	No	No	2.8	3		5	8
Hospital T	8	Resource	26	Level I	EDAP / PCCC	Yes	Comprehensive Stroke Ctr	Level III	Yes	No	No	Yes	6.9	2		6	8
Hospital U	7	Resource	50	Level I	PCCC	Yes	Comprehensive Stroke Ctr	Level III	Yes	No	No	No	4.7	7			7
Hospital V	7	Associate	35	None	EDAP	No	Primary Stroke Center	Level II-E	Yes	No	No	No	5.3			6	6
Hospital M	11	Resource	110	Level I & Level I Peds	EDAP	Yes	Primary	Level III	Yes	No	No	Yes	6.8		4		4
Hospital G	11	Associate	25	Level I Peds	EDAP / PCCC	No	None	Level III	No	No	Yes	No	7.0				0
Hospital K	11	Participating	13	None	None	No	Primary	Level 0 (none)	No	No	0	No	7.3				0
Hospital J	11	Participating	12	None	None	Yes	Primary	Level II	No	No	0	No	8.0				0

Convention Week

Health Liaisons

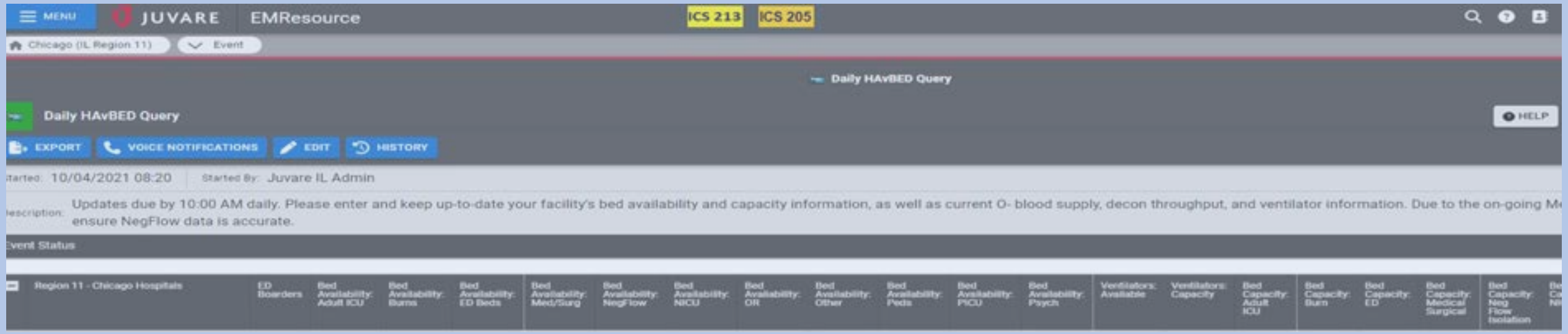
- Coalitions staffed ESF-8 local liaison position in the Emergency Operations Centers

- Facilitated information-sharing and problem-solving

Data Sharing

- Facilities asked to update capacity/status information twice daily (used EMResource)

- Unified patient tracking for patients from convention

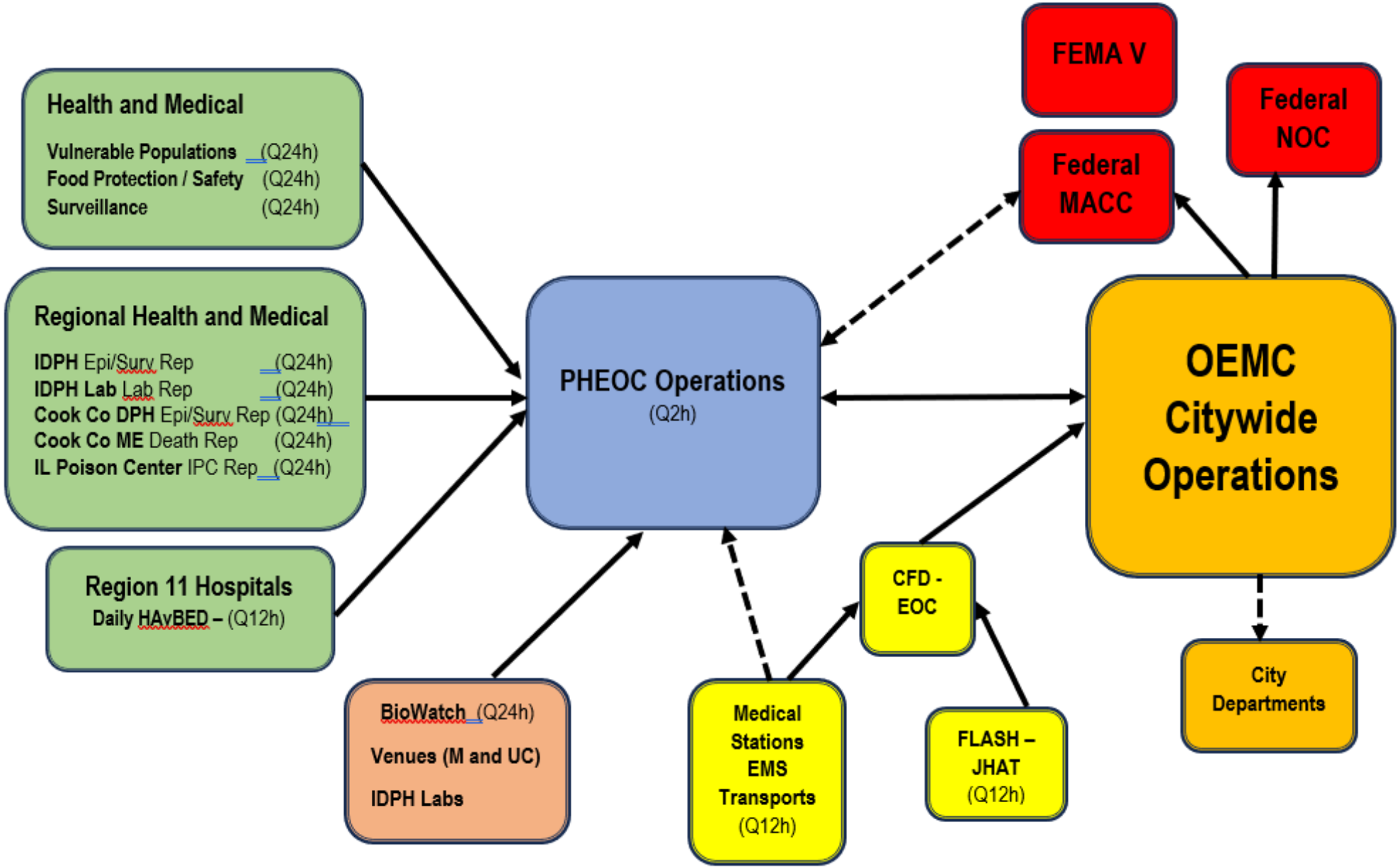


Region 7 SE Hospitals	ED	ED Boarders	ICU	Med/Surg	Hospital	Pending Post-acute Disch	CT	STEMI (Cath Lab)	Stroke	Comment	Last Update
Ascension All Saints Hospitals Spring St	Open	0	Peak Census	Peak Census	Open	0	Available	Available	Available		21 Aug 2025 08:50
Ascension Columbia St. Mary's Milwaukee	Open	2	Open	Open	Open	0	Available	Available	Available	no MRI after 1530 7/25 until 0730 on 7/28	21 Aug 2025 07:33
Ascension Columbia St. Mary's Ozaukee	Open	0	Open	Open	Open	0	Available	Not available	Available		18 Aug 2025 03:17
Ascension Elmbrook Hospital Campus	Open	0	Open	Open	Open	16	Available	Available	Available	Ambo bay entry door open, please use regul...	20 Aug 2025 06:44
Ascension Franklin Campus	Open	0	Open	Open	Open	0	Available	Available	Available	Open for patients / STEMI (M-F 0700-1700)...	21 Aug 2025 02:43
Ascension St Francis Hospital	Open	0	Open	Open	Open	1	Available	None	Available	1 pending auth | n/a	21 Aug 2025 05:50
Ascension St Joseph Campus Milwaukee	Open	0	Open	Open	Open	0	Available	None	Available		20 Aug 2025 06:31
Ascension WI Hospital- Greenfield	Open	0	None	Open	Open	0	Available	None	None		20 Aug 2025 06:51
Ascension WI Hospital- Menomonee Falls	Open	0	None	Open	Open	0	Available	None	None		20 Aug 2025 06:51

Public Health Biosurveillance

- Integrated public health multi-agency coordination structures
- Monitored disease/syndromic data (e.g. ESSENCE)
- Situational reports pushed out regularly

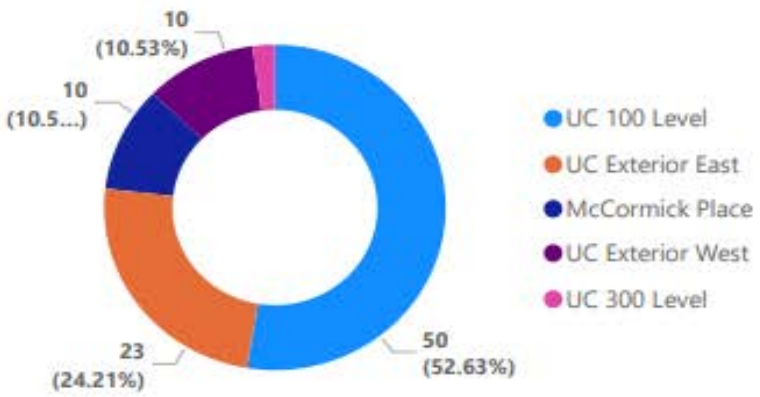
Chicago Democratic National Convention – Public Health Intelligence Reporting Structure



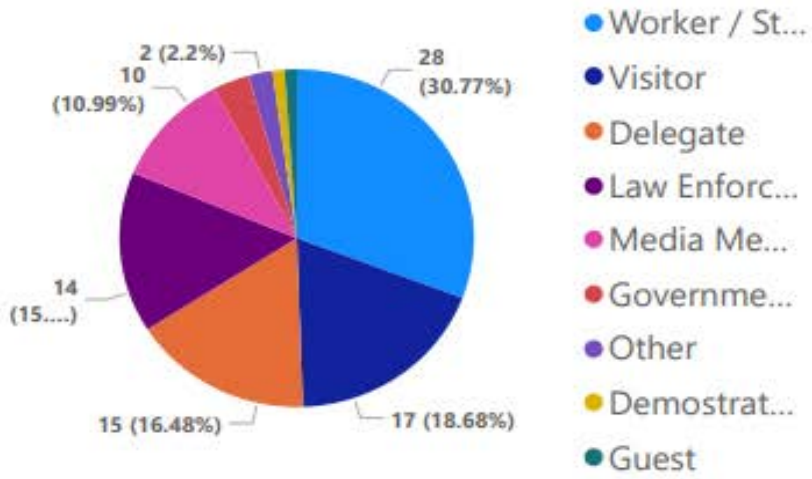
DNC Medical Aid Stations Dashboard

8/22/24 2350

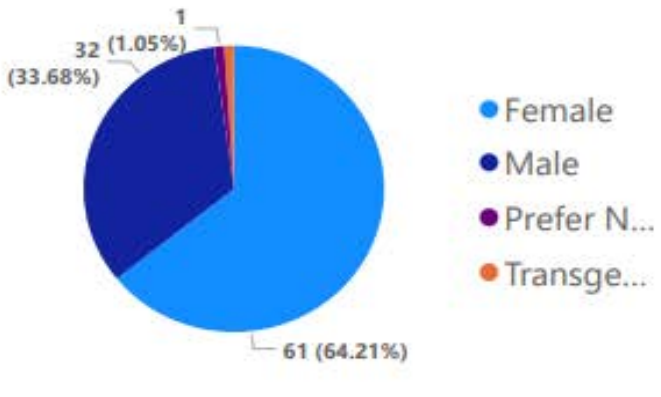
Medical Aid Station Location



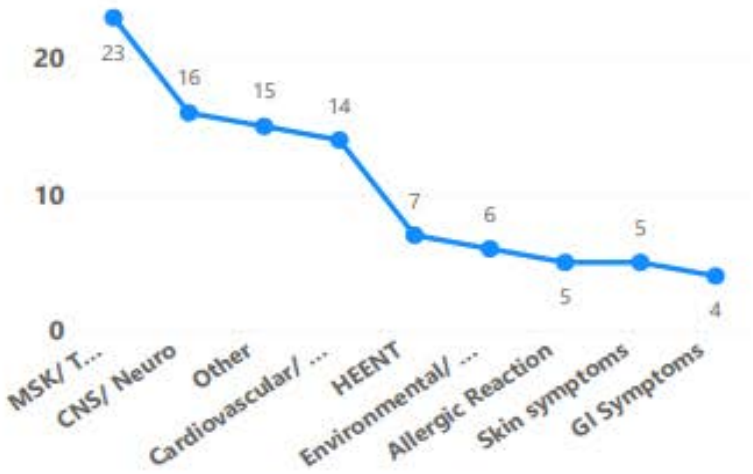
Patient Category



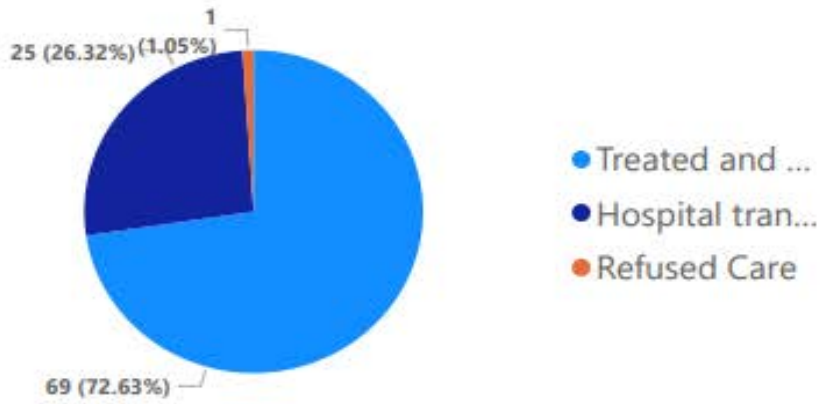
Gender



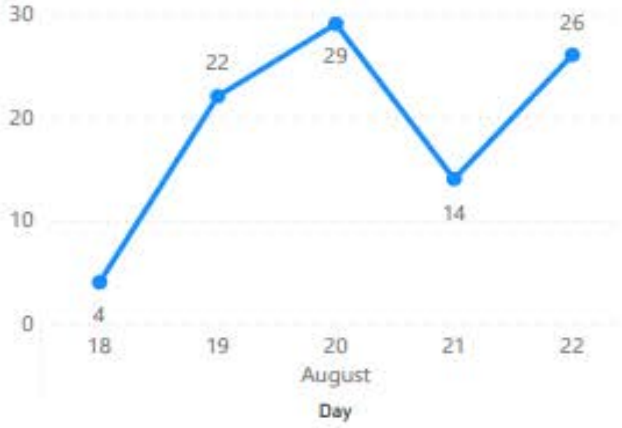
Chief Complaint



Disposition



DNC Evaluations By Day



RNC Dashboard

Data are refreshed daily

EMS Agencies/Municipalities: All

RNC Patient/General: RNC Patient

Date: 7/14/2024 – 7/20/2024

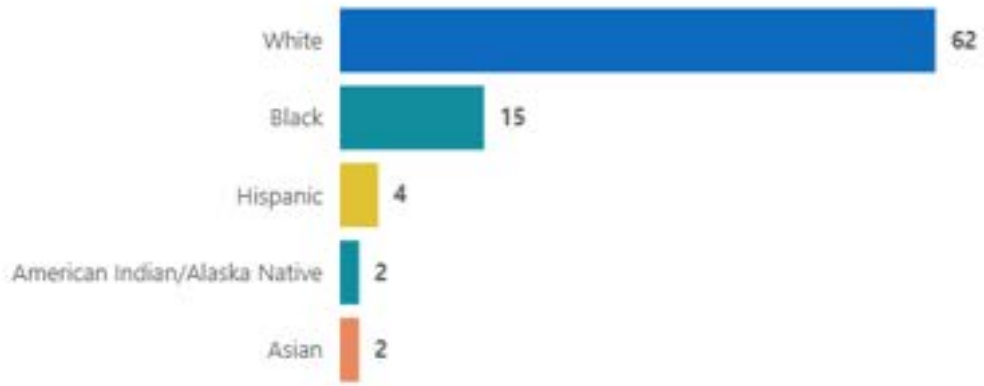
MILWAUKEE COUNTY

159
Total calls

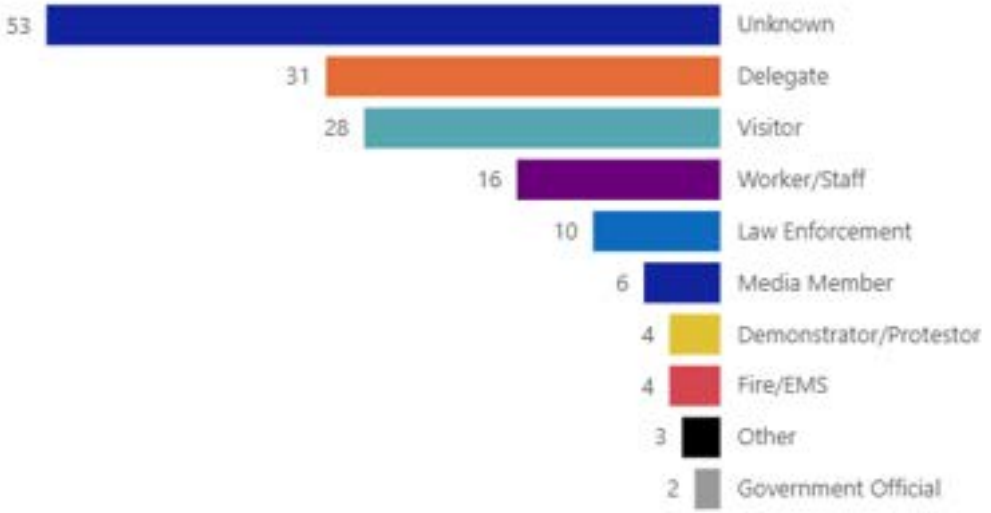
159
Patient contact made

159
RNC patients

Patient race/ethnicity



RNC patient category



Patient calls by age range

Median Age: 48

Patient gender

Daily Briefings

- Daily conference call with key stakeholders
- Provide situational updates
- Collect information from coalition
- Address key issues or questions

CDPH
Chicago Department of Public Health

Democratic National Convention
Situational Awareness Call #1

Agenda

- Office of Emergency Management and Communications Updates (Christopher Pettineo, OEMC)
- Mass Arrest Processing (Dr. Andrew Dennis, ISP)
- New Arrivals Planning (Dr. Alex Sloboda, CDPH)
- Overview of Epidemiological Surveillance (Eloesa McSorely, CDPH)
- CHEMPACK Overview (Rachel Beham, PharmD)
- CDPH Reminders and Resources (Molly Gabaldo)

HERC RNC Daily Update Call

[phone number] Passcode: [code] Date: [weblink]
Intro - Name of Facilitator Date Etiquette reminders - Mute when not speaking Briefing/updates will come first Save questions for the end Reminder "For Official Use Only" – NOT for public dissemination
Weather Update – National Weather Service
Hospital Trends/Data Emergency Depts Inpatient
RNC Medical and Aid Station Trends/Issues Volume
Public Health/Biosurveillance Trends/Issues MHD Operations State PHEOC/Federal
Anticipated RNC Events Scheduled Today
Security Updates from Federal/State/Local Law Enforcement US Secret Service/Federal Milw Police Dept/Local LE
Issues/Concerns at Convention Site(s)
Other Significant Events That May Impact Operations
Other Needs/Concerns/Rumor Control Roll Call for Questions (list on next page) (Ctrl)

Planning Pearls and Lessons Learned

Value of the Coalition

- Multi-agency/jurisdictional communication and coordination are key!

- Start planning early

Value of the Coalition

- Leverage coalition knowledge, resources, and relationships

- Use range of perspectives to predict potential impacts to system

All About the Benjamins

- Don’t expect any extra funding!

All About the Benjamins

- Political party money go to vendor contracts
- NSSE grant funds go to security/safety needs (e.g. police, fire)
  - Hardly any dedicated to PH/medical
  - Partner with public safety agencies to carve out some

Practice, Practice, Practice!

- NSSEs are an opportunity to update and rehearse emergency plans
- Conduct exercises and drills
- Use smaller events as practice run

Working With USSS and The Feds

- Federal partners defer to local knowledge and plans
  - USSS does not dictate the health plan
  - Local agencies/organizations responsible for developing the plan

Working With USSS and The Feds

- Federal partners generally very open with information
- Feds rely on information from local agencies/organizations

Convention Details

- Often event details/schedules released very late and can change last minute
  - Managed by the event organizers (and not by USSS)
  - Negotiations often delay final details
  - Food inspection teams often hear first!

Data

- Real-time data on health system status, capacity, capabilities a huge plus
- Ability to visualize data very useful

Showtime

- Staffing a health liaison in the EOC is key!
- Daily situational updates were extremely useful

More Thanks

- US Secret Service
- HHS-ASPR
- All of our federal partners!
- Chicago Fire Department
- IL Dept of Public Health
- Chicago Dept of Public Health
- Chicago Office of Emergency Management
- Windy City EMS
- Superior Ambulance Company
- McCormick Place Fire/Life Safety
- Milwaukee County Emergency Medical Services
- Milwaukee County Office of Emergency Management
- City of Milwaukee Emergency Management, Fire Dept, and Police Dept
- Milwaukee Health Department
- Wisconsin Department of Health Services
- All our coalition members!

Questions?

- Kathryn.Booth@aah.org
- JMLiu@mcw.edu

NHCPC25
NATIONAL HEALTHCARE COALITION PREPAREDNESS CONFERENCE

Strengthening Coalitions Lies Deep in the Heart of Collaboration

Presented By:
MESH

Scaling Disaster Preparedness

Implementing the 15 'til 50 Initiative through Coalitions

Kelli McCarthy

University of Georgia Institute for Disaster Management
Southern Regional Disaster Response System

Franklin Riddle

Tampa Bay Health and Medical Preparedness Coalition

Kelli McCarthy

Clinical Assistant Professor
University of Georgia
Institute for Disaster Management

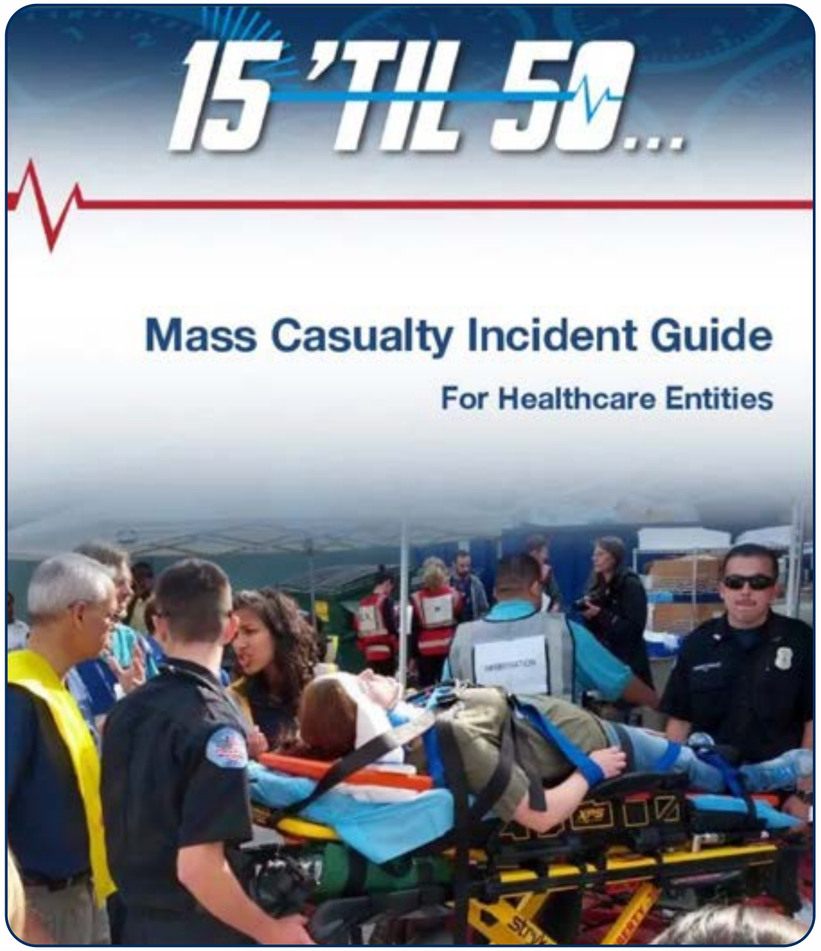
Executive Team
Southern Regional Disaster Response System

Franklin Riddle

Executive Director
Tampa Bay Health and Medical
Preparedness Coalition

Session Objectives

- Analyze the Key Components of the 15 'til 50 Initiative and Its Regional Adaptation
- Identify Challenges and Lessons Learned from Early Implementations
- Explore Strategies for Regional Adaptation and Sustainability



What is 15 'til 50?

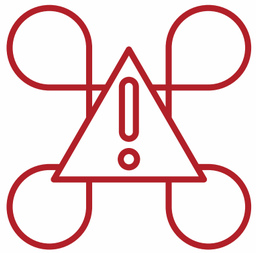
"15 till 50" is a mass casualty response protocol that aims to prepare facilities to treat and transport 50 critical patients within 15 minutes of a mass casualty incident (MCI).

Purpose:

- Focuses on operational readiness and surge capability during MCIs
- Provides a measurable performance benchmark

15 ‘til 50 Program Overview

The 15 ‘til 50 model enhances emergency preparedness by leveraging existing hospital space, staff, supplies, and systems for swift activation of MCI response.



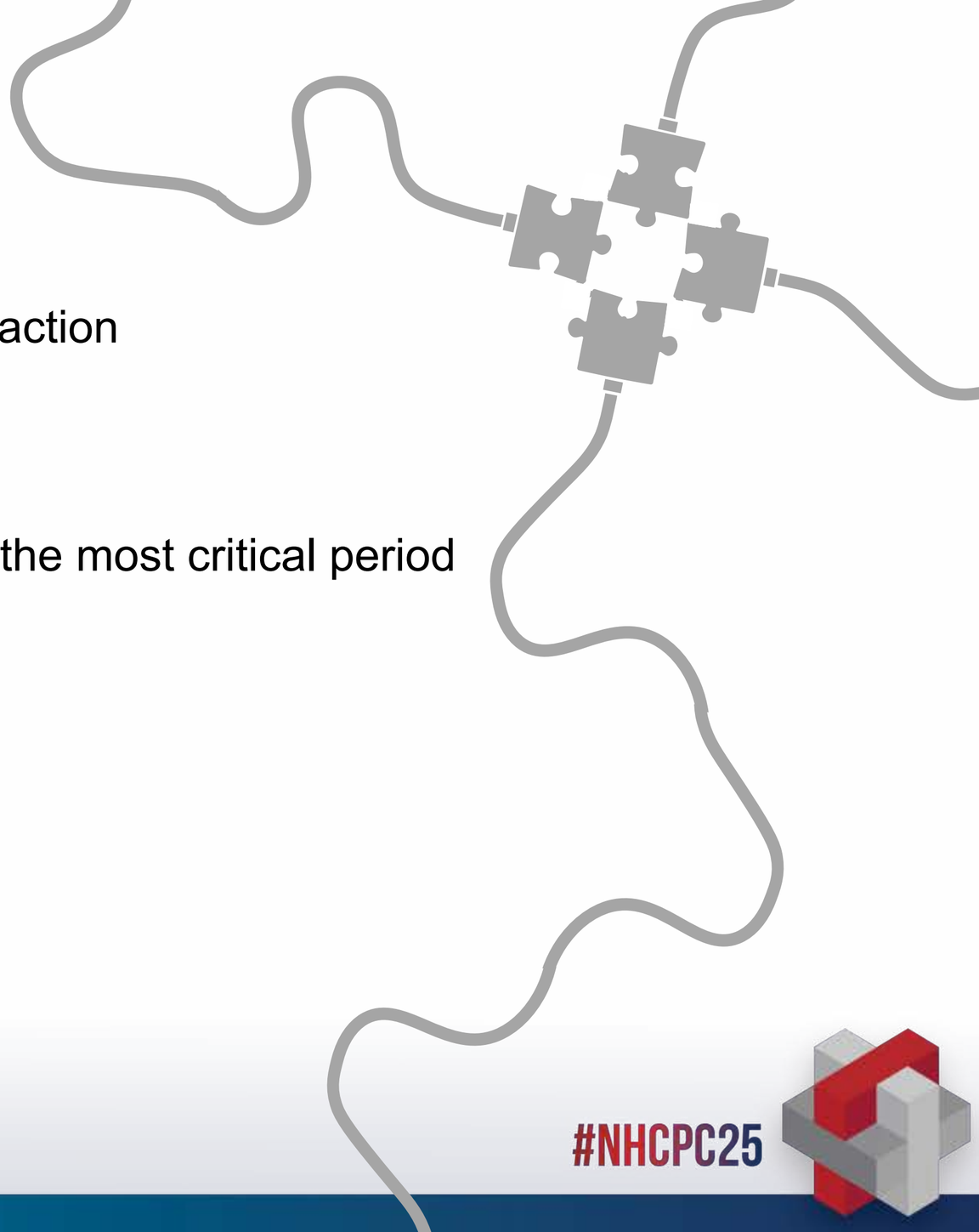
COMMAND & CONTROL PROCESS

TRIAGE & TREATMENT

RESOURCES

Why This Matters

- Bridges the gap between planning and real-time action
- Strengthens internal and external coordination
- Improves ED and hospital-wide response during the most critical period
- Promotes a culture of readiness



Southern Regional Disaster Response System

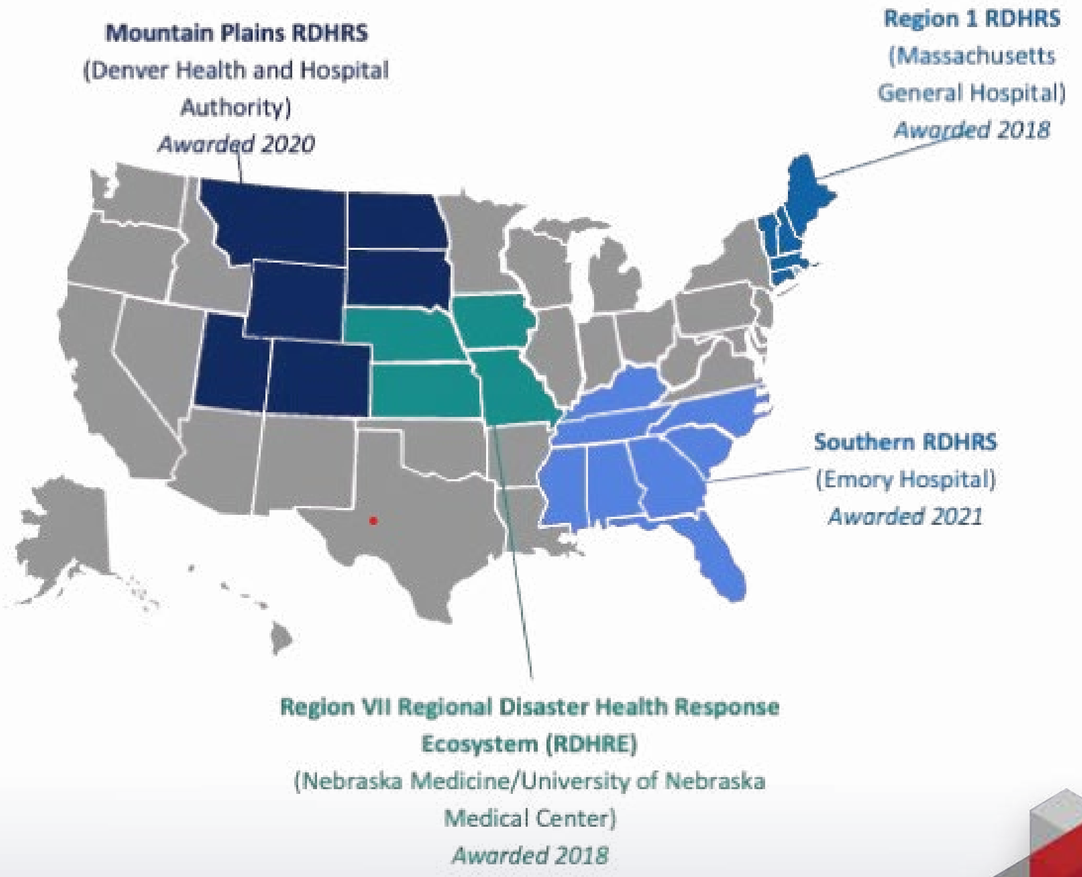
HHS Region 4

SRDRS

& the Southeastern Context

Southern Regional Disaster Response System

- Foster regional partnerships and collaboratives
- Develop and pilot a medical operations coordination cell (MOCC) capability
- Expand virtual care systems
- Develop and maintain a repository of resources for CBRNE mass casualty management



Adapting 15 'til 50 for the Southeast

PHASE 1

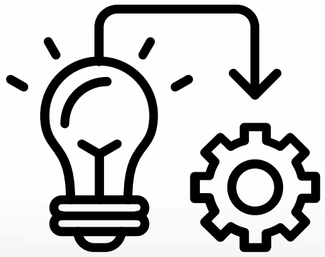
Review:

- Existing 15 'til 50 program materials
- Stakeholder survey results

Identify trends, gaps, and opportunities for improvement

PHASE 2

Develop and conduct scalable "15 'til X" pilot exercise



PHASE 3

Conduct program review and implement enhancements

Pilot Exercise: CHAOS AT CHASCO

May 20, 2025

New Port Richey, FL

Mass Casualty Response
Triage and treat 64 patients within 15 minutes of notification

PROGRAM HIGHLIGHTS

- MCI Plan Review & 15 'til 50 Integration
- HSEEP-consistent full-scale exercise testing revised plan
- Internal and external partner engagement

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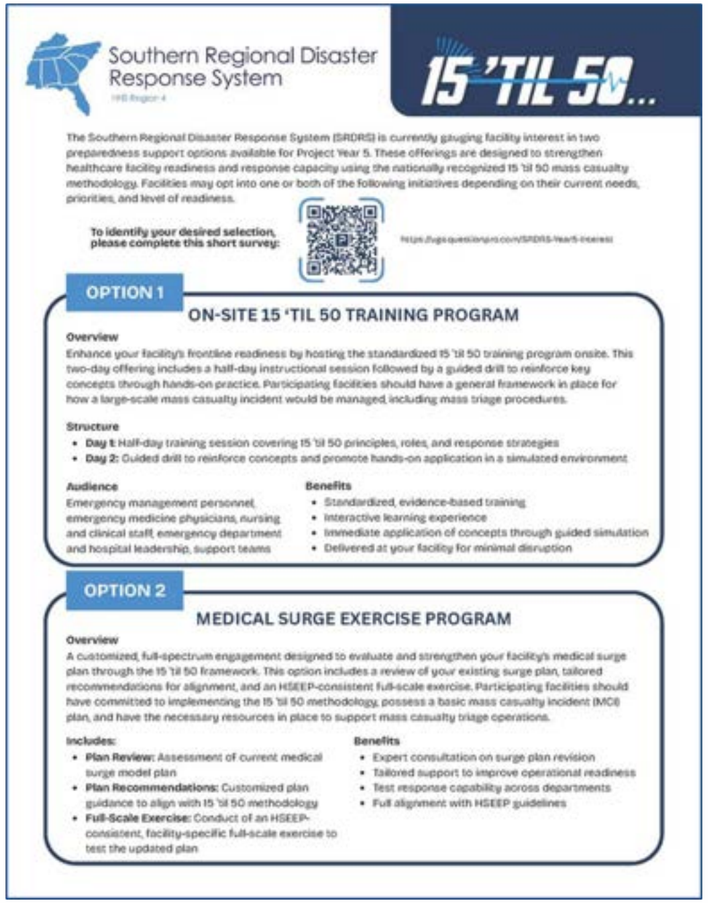
Ongoing Work

PROGRAM SURVEY

- Poll Region 4 facilities' interest in potential program offerings
- Distributed to Atlanta & Miami partners
- Two program options to support MCI preparedness:
  - On-Site 15 'til Surge Training
  - Medical Surge Exercise Program



Southern Regional Disaster Response System

HHS Region 4

15 'TIL 50...

The Southern Regional Disaster Response System (SRDRS) is currently gauging facility interest in two preparedness support options available for Project Year 5. These offerings are designed to strengthen healthcare facility readiness and response capacity using the nationally recognized 15 'til 50 mass casualty methodology. Facilities may opt into one or both of the following initiatives depending on their current needs, priorities, and level of readiness.

To identify your desired selection, please complete this short survey:

https://sgs.questionpro.com/SRDRS-Year5-Interest

OPTION 1

ON-SITE 15 'TIL 50 TRAINING PROGRAM

Overview

Enhance your facility's frontline readiness by hosting the standardized 15 'til 50 training program onsite. This two-day offering includes a half-day instructional session followed by a guided drill to reinforce key concepts through hands-on practice. Participating facilities should have a general framework in place for how a large-scale mass casualty incident would be managed, including mass triage procedures.

Structure

- **Day 1:** Half-day training session covering 15 'til 50 principles, roles, and response strategies
- **Day 2:** Guided drill to reinforce concepts and promote hands-on application in a simulated environment

Audience

Emergency management personnel, emergency medicine physicians, nursing and clinical staff, emergency department and hospital leadership, support teams

Benefits

- Standardized, evidence-based training
- Interactive learning experience
- Immediate application of concepts through guided simulation
- Delivered at your facility for minimal disruption

OPTION 2

MEDICAL SURGE EXERCISE PROGRAM

Overview

A customized, full-spectrum engagement designed to evaluate and strengthen your facility's medical surge plan through the 15 'til 50 framework. This option includes a review of your existing surge plan, tailored recommendations for alignment, and an HSEEP-consistent full-scale exercise. Participating facilities should have committed to implementing the 15 'til 50 methodology, possess a basic mass casualty incident (MCI) plan, and have the necessary resources in place to support mass casualty triage operations.

Includes:

- **Plan Review:** Assessment of current medical surge model plan
- **Plan Recommendations:** Customized plan guidance to align with 15 'til 50 methodology
- **Full-Scale Exercise:** Conduct of an HSEEP-consistent, facility-specific full-scale exercise to test the updated plan

Benefits

- Expert consultation on surge plan revision
- Tailored support to improve operational readiness
- Test response capability across departments
- Full alignment with HSEEP guidelines

CHALLENGES
& lessons learned

Multi-Jurisdictional Coordination

CHALLENGE

Region-wide implementation of 15 'til 50 requires collaboration across multiple states, each with distinct healthcare coalitions, public health infrastructure, healthcare systems, and emergency response frameworks

LESSONS LEARNED

Have a dedicated champion within each state
Establish clear roles early

PRACTICE TIP

Identify and empower these champions as early as possible

Staffing & Resource Limitations

CHALLENGE While interest in the 15 'til 50 initiative is high, but funding is limited

LESSONS LEARNED

Prioritization is key

Blend exercises with other planned activities

PRACTICE TIP Work with state partners and healthcare coalition leaders to determine priority sites and identify planned activity overlaps

Awareness & Buy-In

CHALLENGE

Many coalition partners are unfamiliar with the 15 'til 50 model or assumed it was another short-term initiative that wouldn't scale

LESSONS LEARNED

Spread the word
Share successes

PRACTICE TIP

Identify “champions” who can share relatable success stories and answer questions from a place of trust

LOOKING AHEAD

What's Next for 15 'til 50 in the Southeast?

Building Momentum

- Expanding the Program
  - Location Identification
  - Program Offerings

- Engagement Strategy
  - Marketing
  - Testimonials

Sustaining the Impact

- Facility-Based to Coalition-Based Transition

- Playbook Development

- Evaluation Framework

- Funding & Support

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NHCPC25
NATIONAL HEALTHCARE COALITION PREPAREDNESS CONFERENCE

Strengthening Coalitions Lies Deep in the Heart of Collaboration

Presented By:
MESH

Strengthening Cross-State Disaster Response: Developing a Regional MOCC

Southern Regional Disaster Response System & Kentucky Healthcare Preparedness Program

Kenneth S. Kik, EMT-P, FP
Madeleine Nuebel, MPH, AEMT

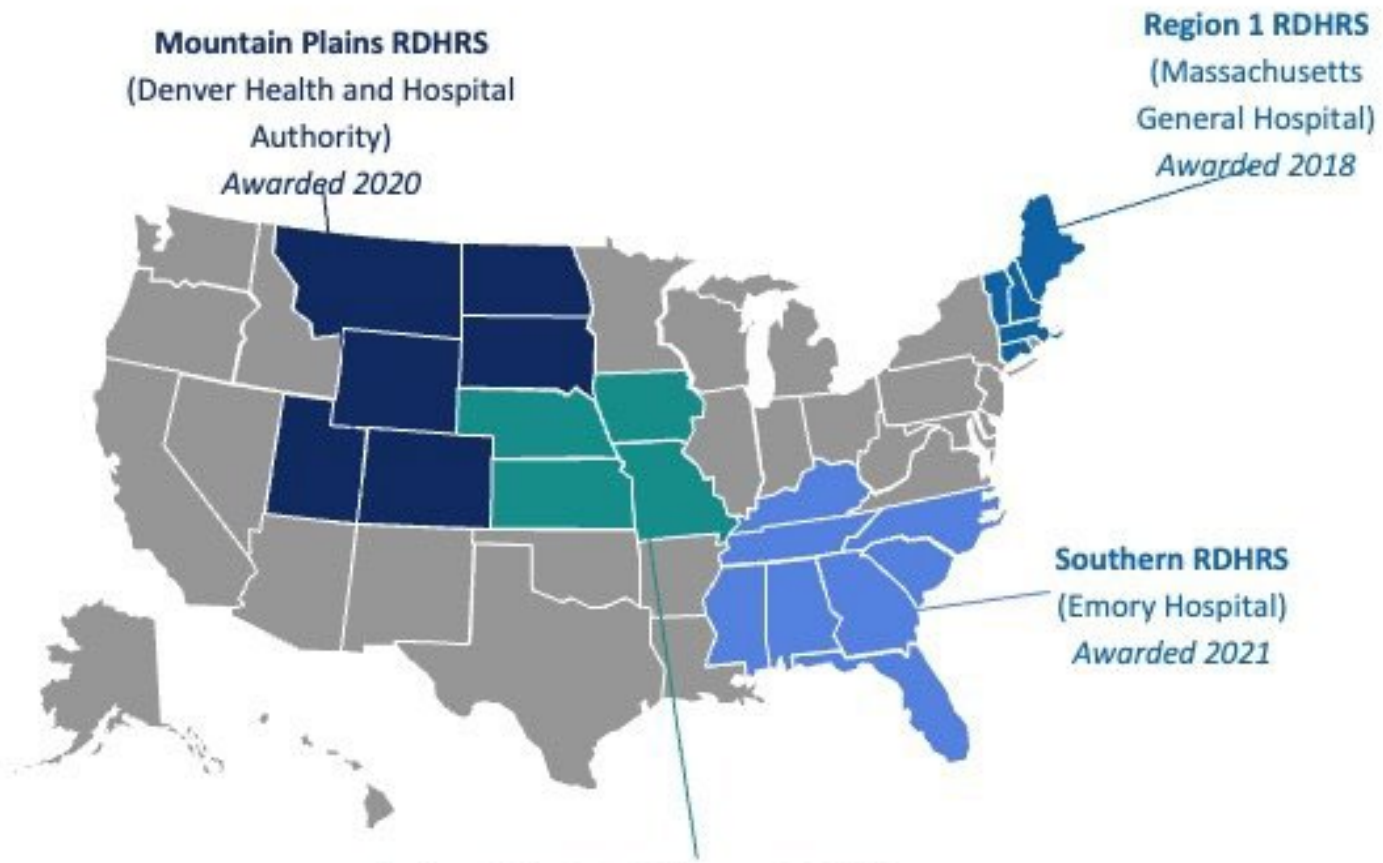
#NHCPC25

Introductions

Madeleine Nuebel, MPH, AEMT
MOCC Project Manager
Southern Regional Disaster Response System

Kenneth S. Kik, EMT-P
Community Health & Medical Operations Manager
Kentucky Department for Public Health

Who We Are: SRDRS



- Region IV arm of **ASPR/TRACIE's RDHRS/E**
- Representing the **8 southeastern states**
- Mission: Strengthen healthcare preparedness and response
- Approach: **Collaboration with essential stakeholders**

Who We Are: KY

- Kentucky Structure
  - ESF #8 Lead in State EOC
    - Communication and information sharing – situational awareness
    - Healthcare LNO assigned for all activations
    - ESF #8 resource requests
    - Fatality Management
    - Kentucky Community Crisis Response Teams (KCCRT)
      - First responder support - CISM
    - **Medical Operations Coordination Center (MOCC)**
  - 5 Areas of Operation (AO) - 8 HCCs
    - Area Supervisors
    - ESF #8 field staff (Preparedness & Response Coordinators)
    - HCCs & staff are response oriented & response ready
    - Regional Response Coordination Center

Why Disaster Coordination Matters

In 2024, FEMA reported over **100 Major Disaster Declarations** across the United States.[1]

In Region IV, our states experienced 17 of the FEMA disaster declarations. Most of our states having withstood adverse weather events such as hurricanes Debby, Helene, and Milton.

In response, SRDRS is working with states and health system leaders to better facilitate interstate patient transfers throughout the region.

1. https://www.fema.gov/disaster/declarations?field_dv2_declaration_date_value%5Bmin%5D=2024&field_dv2_declaration_date_value%5Bmax%5D=2024&field_dv2_declaration_type_value=DR&field_dv2_incident_type_target_id_selective=All&page=9

What is a MOCC?

- Medical Operations Coordination Cell, or MOCC, is a general term for transfer/load management hubs which assist in the distribution of patients with specialty care needs (e.g., pediatric, burn) during surges or disasters.[2]

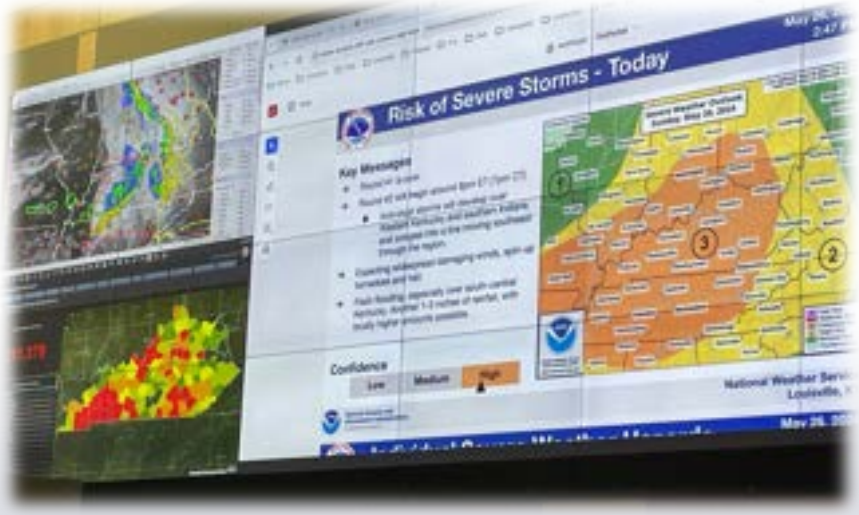
- *In short, a MOCC should be a one-stop-shop for regional patient distribution coordination.*

- The RDHRS/E regions, alongside ASPR and other national stakeholders, have developed a document outlining the necessary features and functions of a MOCC.

2. https://asprtracie.hhs.gov/MOCC

KY Planning & Lessons Learned from Disasters

- Plan with 4 FEMA/HHS Regions
- Disaster response and resources differ widely from jurisdiction to jurisdiction
- Forward thinking - imagining the unimaginable
- Building networks of networks
- Kentucky Disasters – Emergency Responses
  - 5 federal declared severe weather disasters in 2025 (3 in first 45 days)
  - 19 in past 5 years + numerous state level declarations & activations



Kentucky's Perspective

Why would a Regional MOCC be beneficial (to KY)?

- Expert Consultation
- Disasters - MCI
- Hospital Evacuations
  - Sending or receiving – bed placement
- Specialty Care
  - Pediatrics
  - Burns
  - ECMO
  - High Consequence Infectious Disease – Special Pathogens
- NDMS activations - LSMO
- Large scale event support – Pre-planning resource
  - Kentucky Derby and coinciding events

MOCC Summit 2024

In response to the charge of developing a coordinated patient transfer solution, SRDRS hosted our first **Medical Operations Coordination Cell Summit (MOCC Summit)** in October of 2024.

During this summit, we identified the existing statewide MOCCs throughout R4 as well as **gaps in communication, regional visibility, interoperability, and interstate transfer feasibility.**

MOCC Summit 2024 cont.

Major Themes

Each state in Region IV has an established statewide transfer system.

Stakeholder buy-in is essential for a functional MOCC.

Existing networks and programs that could help support the Region IV MOCC initiative

Identified challenges

Patient tracking

Repatriation

Funding

Privacy and cybersecurity

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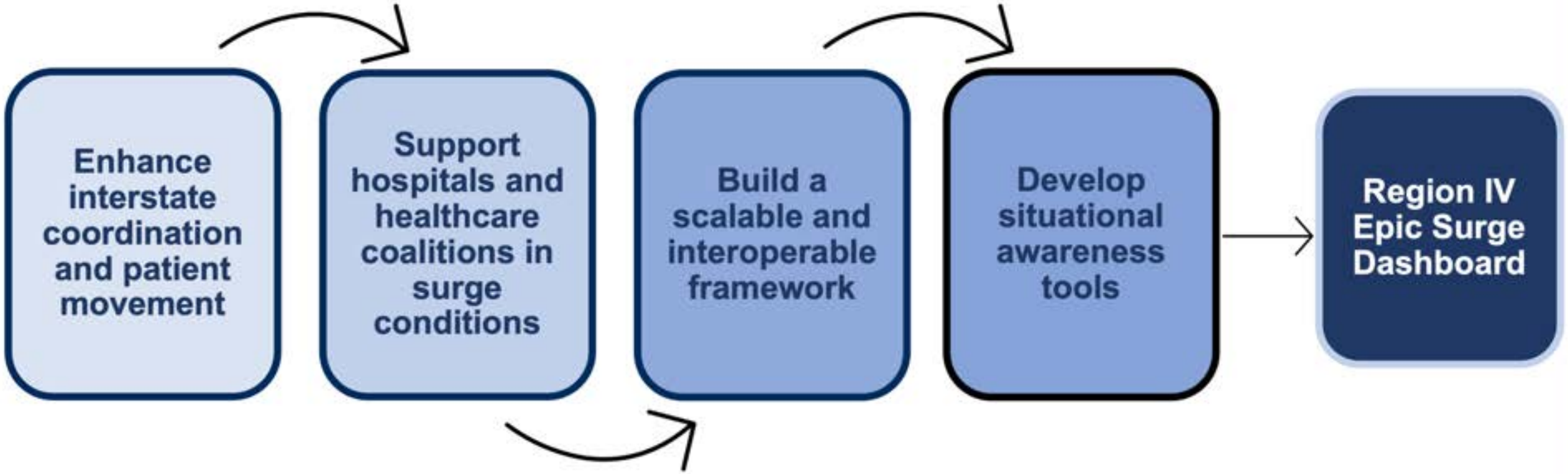


SRDRS MOCC Objectives

Framework and Approach

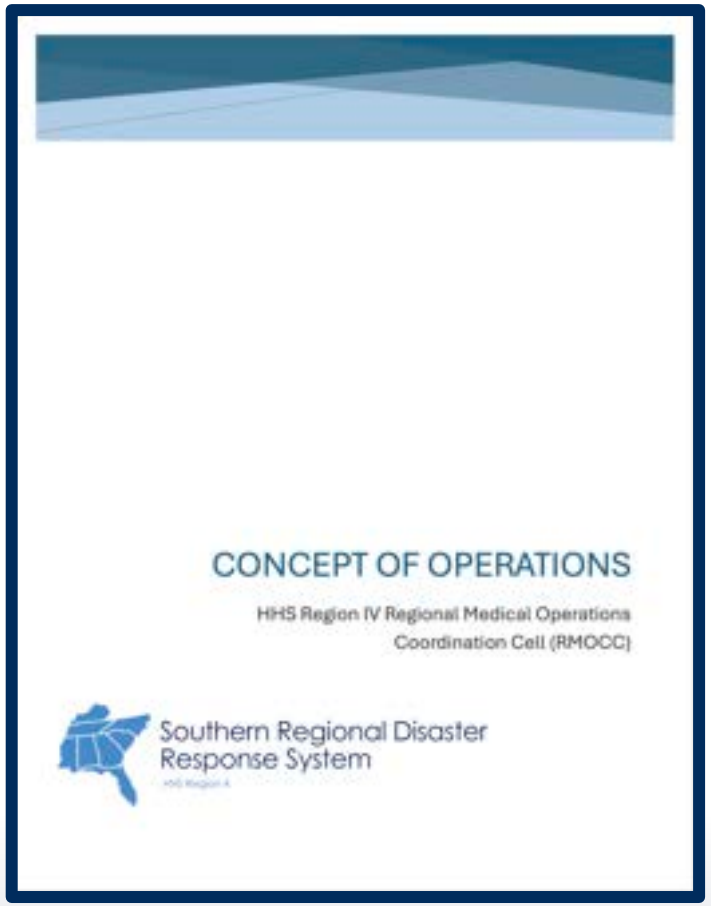
1	**Core Design**	MOCC Concept of Operations	Integrations with HCCs, HPPs, and Hospital Associations
2	**Technology and Tools**	Epic MOCC Dashboard Functionality	Information flow and decision-support role
3	**Governance and Stakeholder Engagement**	Partnerships across Region IV states	RMOCC Participation and Utilization

Framework and Approach

1. **Core Design**
2. MOCC Concept of Operations
3. Integrations with HCCs, HPPs, and Hospital Associations

Framework and Approach

Concept of Operations



Stakeholder Integrations

TEAM HPP ESF-8 HEALTH & MEDICAL

PEDIATRIC PANDEMIC NETWORK

- Hospital Associations
- Emergency Management
- State EMS
- Specialty Care Hospitals
- Others

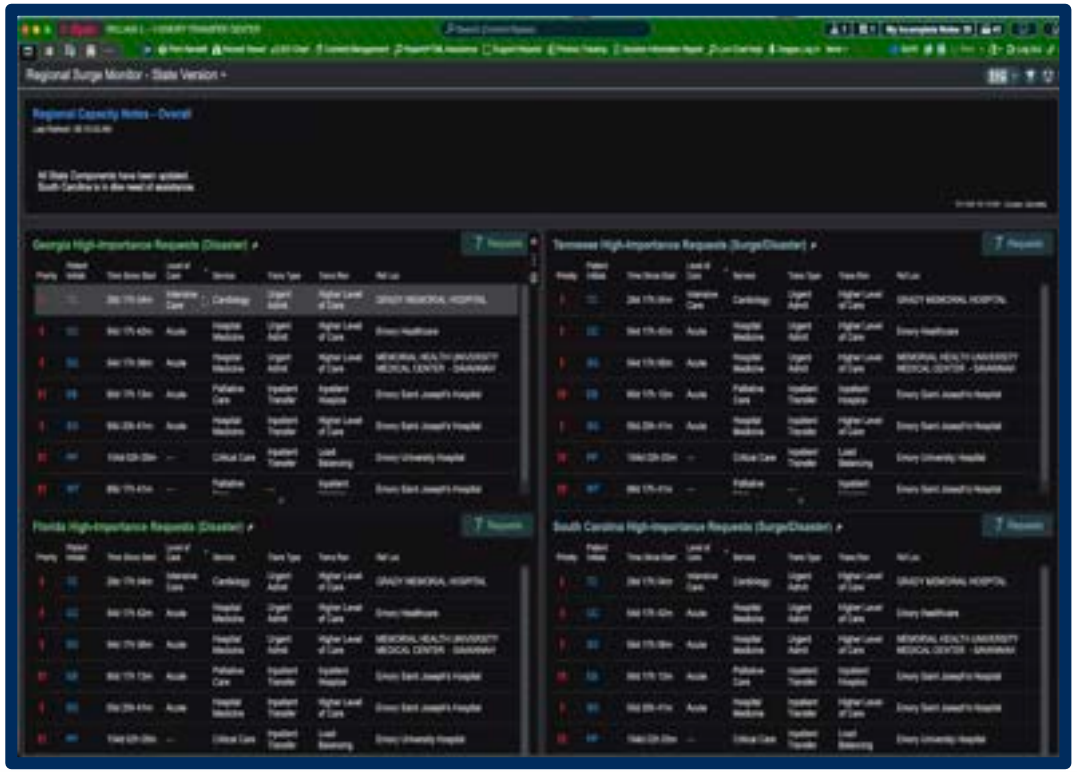
Framework and Approach

2 **Technology and Tools** → Epic MOCC Dashboard Functionality → Information flow and decision-support role

Framework and Approach

Establish MOCC Dashboard Functionality

Information Flow and Decision-Support Role



Framework and Approach

3 **Governance and Stakeholder Engagement**

Partnerships across Region IV states

RMOCC Participation and Utilization

Framework and Approach

Partnerships Across Region IV

RMOCC Participation and Utilization

- **Regional MOCC**
  - **Potential for daily use case**
    - "Blue Sky Days" vs. Disaster
  - **No Disaster Declaration**
    - Regional partners decide when to utilize/activate RMOCC
  - **Regional Empowerment**
    - Health systems and state partners assisted in surge mitigation

Implementation and Collaboration

- **Pilot sites and Early Adopters**
  - Engagement with health systems in Kentucky and Georgia

- **Planned Training, Exercises, and Real-World Testing**
  - Development and refinement of MOCC ConOps
  - HSEEP Operations Exercise
  - MOCC Summit 2.0

- **Continued Partner Contributions**
  - Healthcare coalitions, HPP offices, hospital associations, Departments of Public Health

Challenges and Lessons Learned

Interstate data sharing and legal barriers

Aligning diverse hospital systems and EHR capabilities

Funding and sustainability

Balancing regional standardization with local flexibility

Cultural shift: building trust across states and systems

Looking Ahead

Alignment across RDHRS regions

REGION 1
Regional Disaster Health Response System

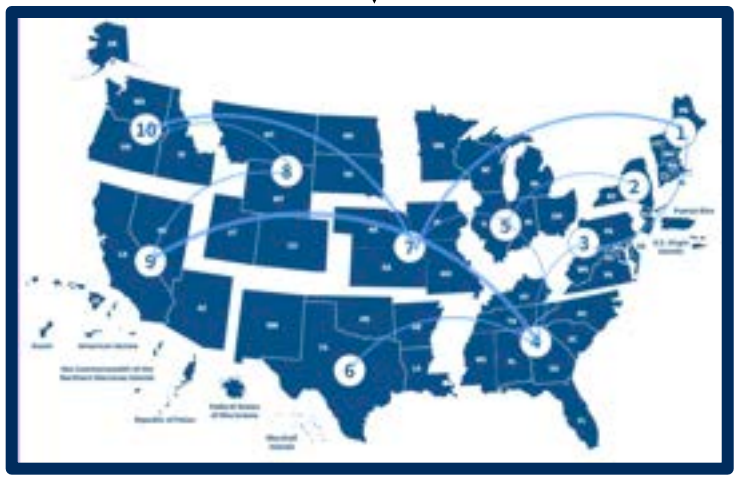
REGION VII
DISASTER HEALTH RESPONSE ECOSYSTEM

Region 8
MOUNTAIN PLAINS
Regional Disaster
Health Response System

Southern Regional Disaster Response System
HHS Region 4

Full implementation across Region IV

Long-term vision: national network of regional MOCCs



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Connect With Us

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HHS Region 4

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Strengthening Coalitions Lies Deep in the Heart of Collaboration

Presented By:
MESH

The Hotel2Hospital Project: A Solution for Medical Surge

Jason Persoff, MD, SFHM
Jenny Schmitz, MA, MEP

The Hotel2Hospital Project: A Solution for Medical Surge

Jason Persoff, MD, SFHM
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Disclosures

The H2H project was funded as part of the National Disaster Medical System (NDMS) Capability Pilot to provide a solution for *A Modular, Scalable Alternate Care Facility for Patient Surge* and is sponsored by the Government under Other Transaction Number W81XWH-15-9-0001. The views and conclusions contained herein are those of the authors and should not be interpreted as necessarily representing the official policies or endorsements, either expressed or implied, of the US Government.

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No Conflicts of Interest to Disclose

Acknowledgements

A collaboration of:

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Objectives

- Participants will be able to describe the benefits of using a hotel as an ACF to support a large-scale and long-term medical surge.
- Participants will hear the results of the H2H demonstration.
- Participants will have the opportunity to provide feedback for the H2H concept.

Background and Purpose

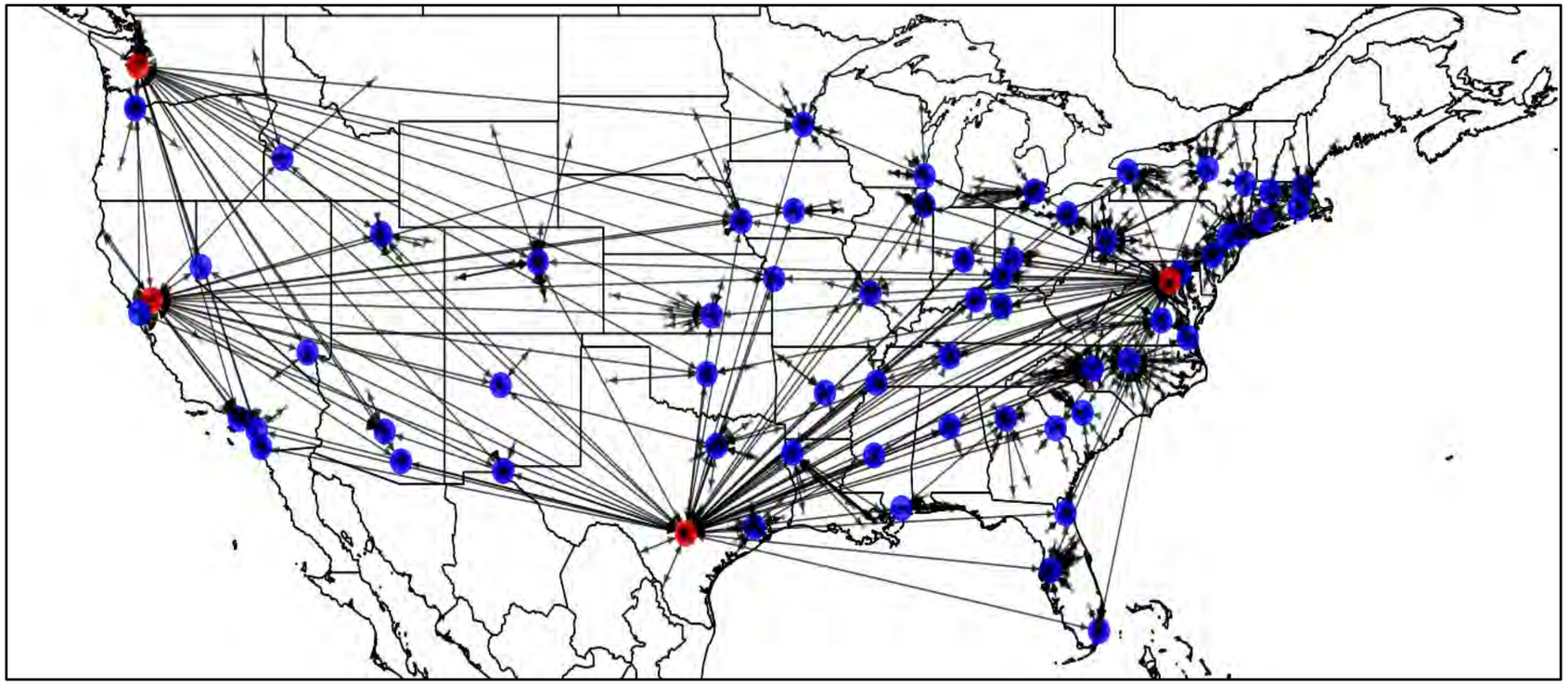
- **Origin:** NDMS Capability Pilot
- **Goal:** Modular, Scalable Alternate Care Facility (ACF) Solutions
- **Scenario:** 1,000 casualties/day for 100 days for Large Scale Combat Operations—the ability to absorb military casualties, ex-pats, and evacuees
- Saturation of US Federal Coordination Center (FCC) Sites within 10-12 days for some bed types
- Three grant awards:
  - Colorado (H2H)
  - Deloitte/San Antonio (Hard Shell, ICU Trailer, MOVES SLC)
  - UC Davis (Soft Shell, Interoperability of Vendors)

NDMS

Primary Aerial Port of Debarkation

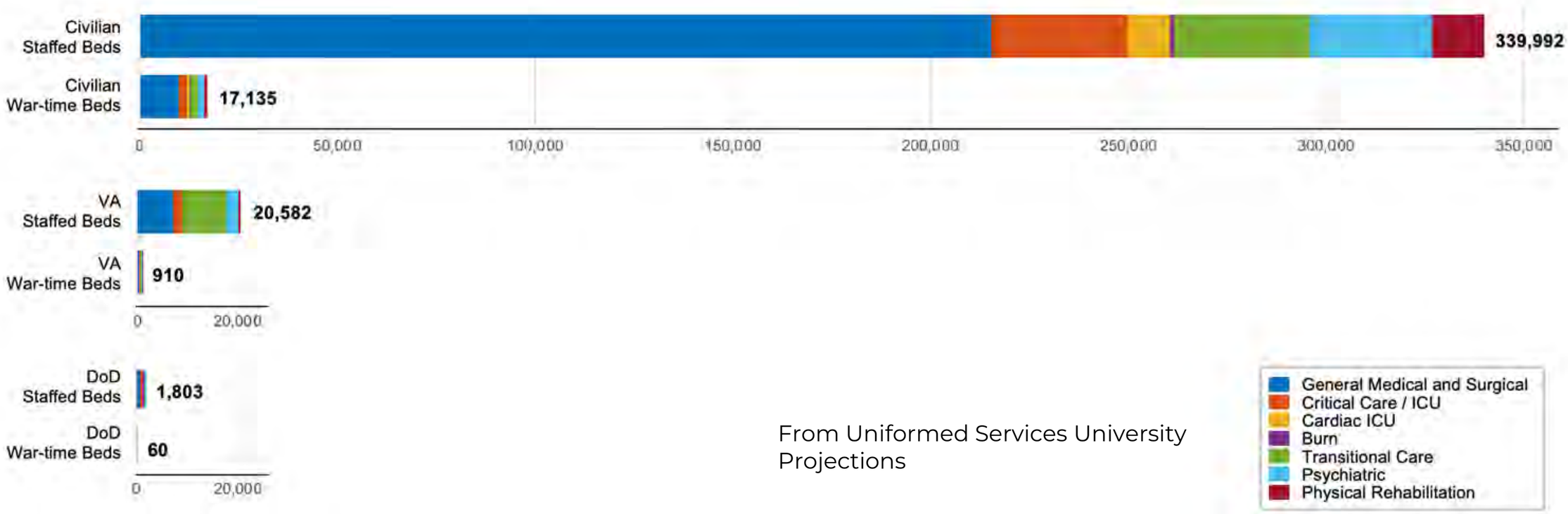
FCC airport

Hospital



NDMS

- **Medical capacity resides largely in the civilian sector and that capacity is**



From Uniformed Services University Projections

AIMS Public Health. 2024 Jul 25;11(3):918–936. doi: 10.3934/publichealth.2024047

Can hotels be used as alternative care sites in disasters and public health emergencies—A narrative review

Ruedeerat Khorram-Manesh [1], Amir Khorram-Manesh [2,3,4,*]

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PMCID: PMC11474331 PMID: 39416902

medical resources such as community staff, supplies, and spaces into the response chain is equally important. Among community facilities, hotels are particularly intriguing due to their organizational and structural capabilities to serve as alternative care sites for lightly injured or non-injured emergency victims. This narrative review explored the potential use of hotels as alternative care sites and the legal implications associated with such utilization. The results confirmed a high potential for using hotels as alternate care sites. However, data concerning its practical and legal implications are insufficient. This paper suggests further research to investigate the criteria for

First, We Had A Vision

The H2H Would Within 2-4 Weeks…

- Be highly adaptable, built out to the needs of the emergency
- Be suitable for as many patients as possible with few exceptions
- Be used decompress Managing Hospital
- Feel like a hospital for staff and patients
- Function just like an extension of the Managing Hospital
- Be applicable for All Hazards
- Convert the hotel into an ACF within 2-4 weeks (turnkey) for sustained use
  - Med/Surg and ICU Capable
  - Lab, Radiology, Telehealth, IT-Integration on-site

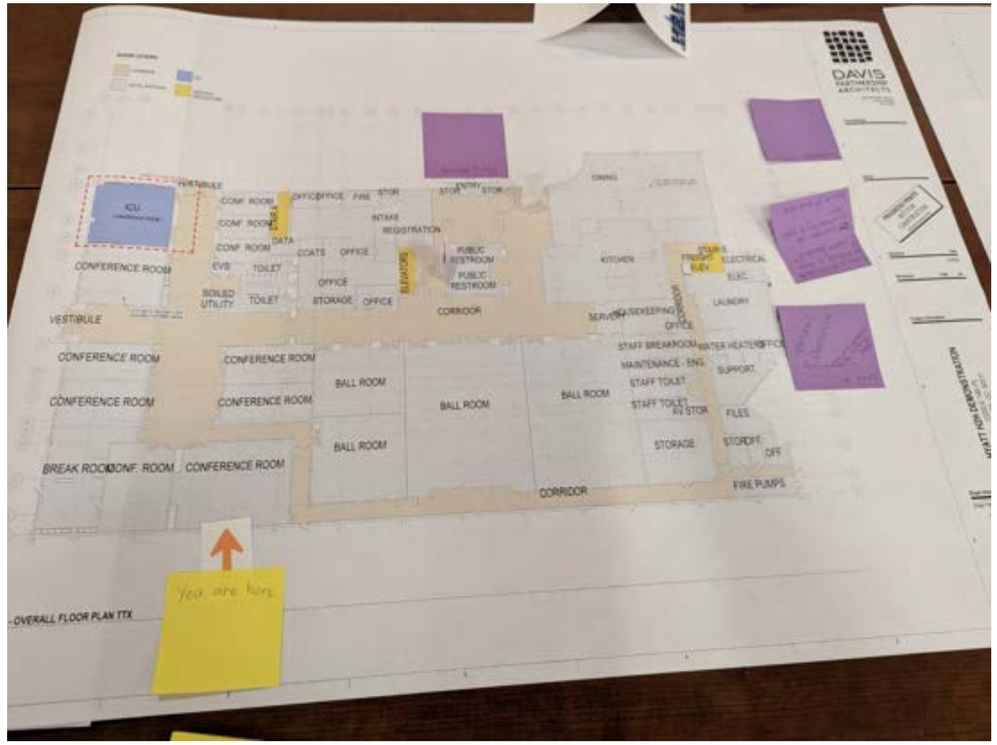
We Made Some Assumptions

- Disaster Declaration(s): Stafford Act or Equivalent for Funding
- Activation of the State EOC and/or local EOCs
- Acquire or lease a nearby and suitable hotel
- Demobilization and conversion back to a hotel in 2-4 weeks

Then We Wrote a Book

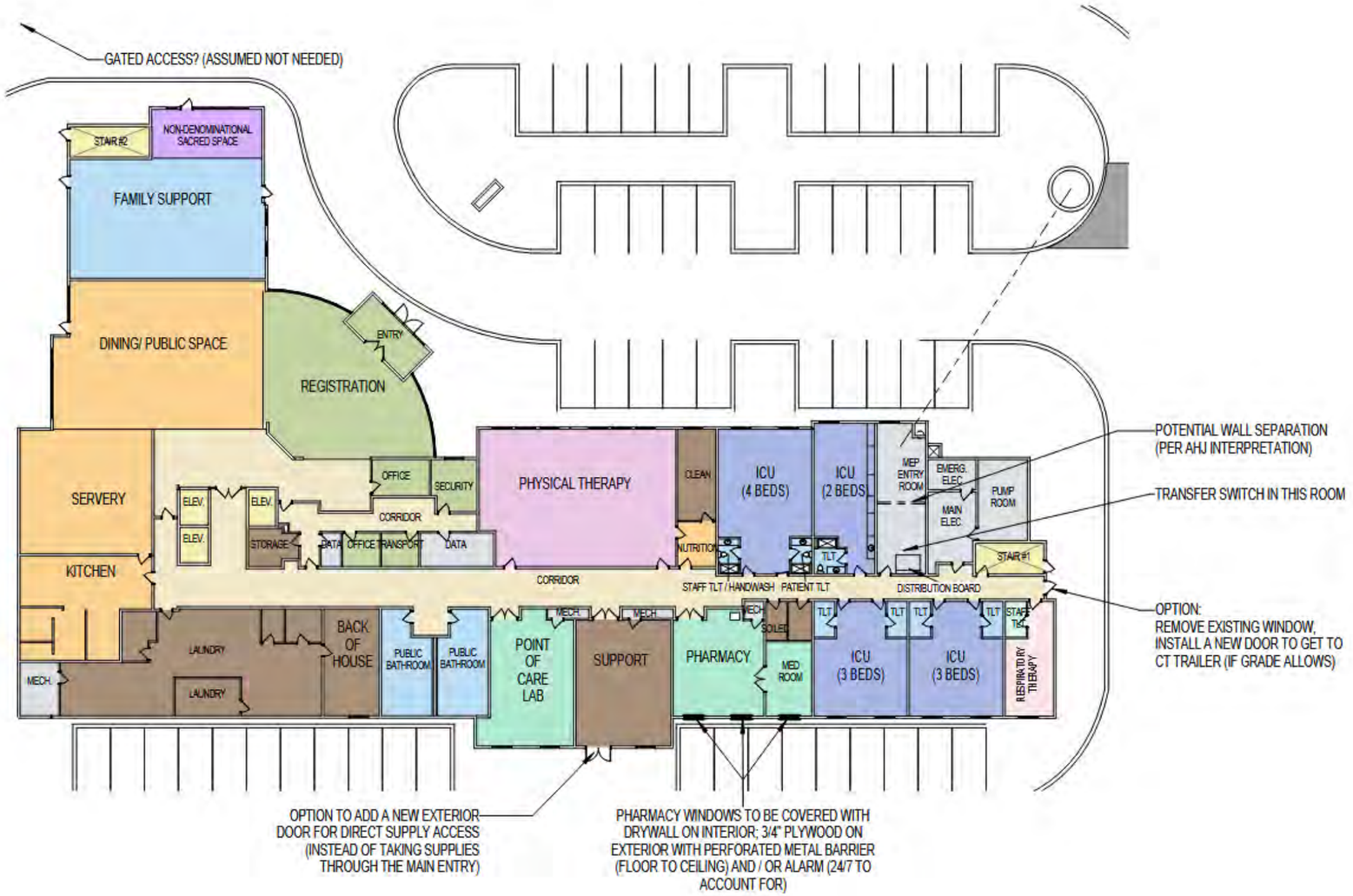
And Then We Proved The Concept

WE DESIGNED IT:
ARCHITECTURAL AND MEPT PLANS



ROOM LEGEND

- ADMINISTRATIVE
- CORRIDOR
- ICU
- MED ROOM
- MEPT
- NOURISHMENT AND SUPPLY
- PHYSICAL THERAPY
- RESPIRATORY THERAPY
- SACRED
- STAFF TOILET
- SUPPORT
- SUPPORT / MEP
- TOILET
- VERTICAL CIRCULATION



IT—The Hardest of the 4 S's

- Single Most Important Aspect to Success
- Technium™: IT Network
- EPIC™ Integration is COMPLEX
- Telephone/Fax Machines
- Robust Telehealth
- Tytocare™
- Hellocare™

WE EXERCISED IT:
TABLETOP AND SAND TABLE EXERCISES

Exercise Series

- TTX 1: University of Colorado Hospital
- TTX 2: University of Colorado Hospital, UCHealth, and State/Local Response Partners
- TTX 3 / Sand Table Exercise: Patient Flow
- TTX 4: Supply Chain and Hotel Partner

WE SIMULATED IT:
SCENARIO-DRIVEN PROOF-OF-CONCEPT

Setting the Stage for Construction

Email #1- April 9, 2025

Subject: URGENT: Monitoring Escalating Conflict & Potential Healthcare Impacts

****This is merely an exercise. This is not a real world event****

Dear April 21st H2H Simulation Team Participants:

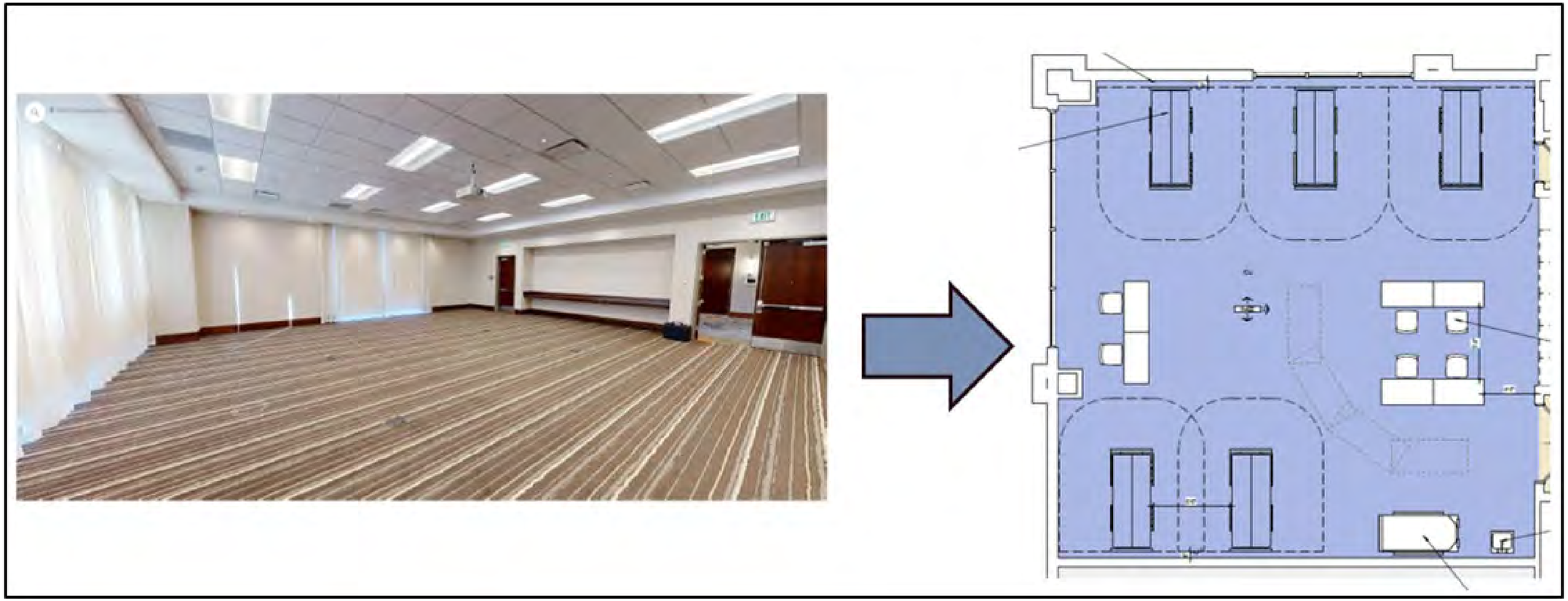
The United States Department of Defense has initiated an overseas conflict. Given the current political situation, it appears this may become a Large-Scale Combat Operation (LSCO). The federal government recognizes that returning combat casualties may impact the healthcare infrastructure and system capacity in the United States. While there is no immediate operational impact at this time, the federal government has asked the National Disaster Medical System (NDMS) and each state to lean forward and examine plans to support significant medical surge needs and in increased demand for medical care across the country.

The state of Colorado, after examining medical surge support options, is considering converting a hotel into a hospital and is working through potential logistics to support this should the need arise.

Please review your own alternative care facility and medical surge plans at this time. We will provide further updates as the situation evolves.

Level 1 Demonstration Plan

Convert a Conference Room to an ICU



Level 2 Demonstration Plan

Convert Hotel Rooms into an ICU, Med/Surg rooms, Nurses' Station, Lab Medication Room, Radiology, and a Utility Room

Construction Kickoff

- Simulate the project
- Kick-Off Meeting
  - –Trade Partners
  - –Shop Drawing process

WE BUILT IT:
H2H CONVERSION

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Headwalls

- ICU and Med/Surg Headwalls
- Abut hotel walls

Flooring

- Left tile in entry/bathroom
- Check transitions
- Covered carpet and removed carpet
- Avoid VCT (takes too long; fewer vendors)

Equipment and Door Widths

Trolley to turn hospital beds on their sides to fit into existing doors

Use stretchers to move non-ambulatory patients through existing doors and in elevators

ICU in a Conference Room

ICU From 3 Hotel Rooms

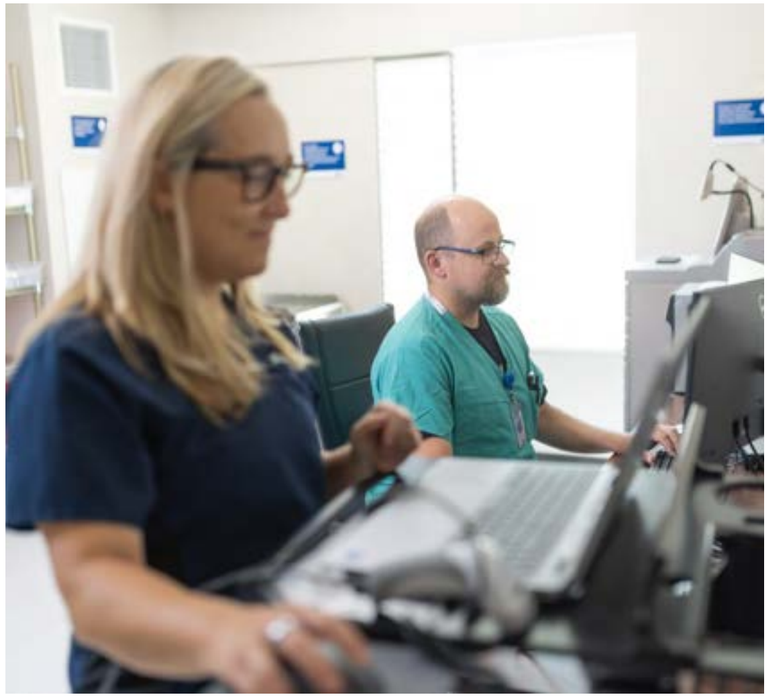
Med/Surg with Hotel Bed

- Reuse the Hotel Bed
- Added bed rails and headwall
- Minimal bathroom renovation
- Potential for negative pressure (4-5 ACH)
- Adjustable temperature control

Med/Surg with Hospital Bed

- Rented hospital bed (Full or Queen; not King)
- Reused hotel furnishing (bureau, TV, and chairs)

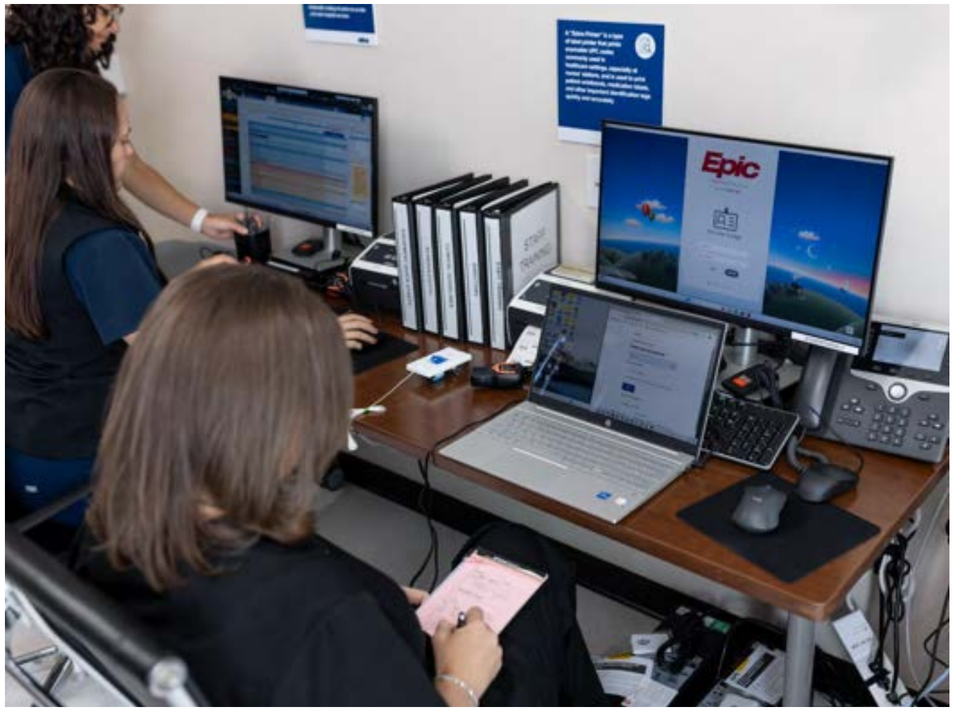
Medication Room / Pharmacy

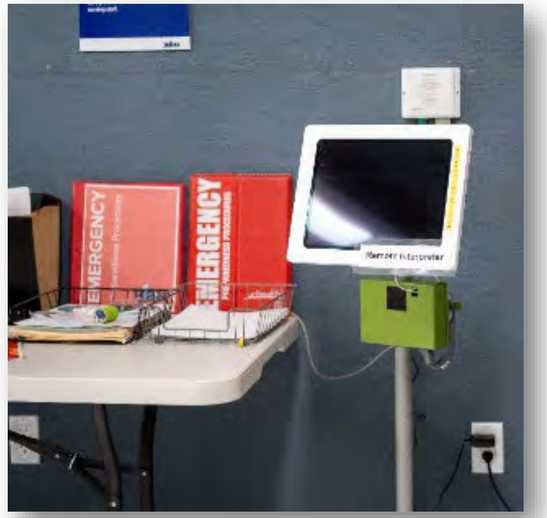


- Built Pharmacy “Cage”
- Pyxis Linked to EPIC™
- Limited On-Site Compounding
- Zebra Printing
- Barcodes
- Dispensing Carts/Runners

Nurses’ Station

- Nurse Call System—Wireless
- Remote Telemetry
- Emergency Procedures
- Downtime Forms
- Radios
- Remote Interpreter Services





Laboratory

- iSTAT Labs
- Rapid TAT with Lab Courier
- Rapid Blood MTP
- Urinalysis
- All Labs Feed Directly Into EPIC™

Radiology Room

- Used Portable Equipment: X-ray, C-Arm, and Ultrasound
- Mobile CT in the Parking Lot
- Integrated Ordering System to Transport Patients to Main Hospital for MRI, Procedures, Specialty Exams
- Uploads to PACS

Utility Room / Supply Chain

- Reuse of Hotel Laundry
- Augmented By Hospital Vendors
  - Culturally Appropriate Dining Choices
  - Medical Dining Choices/Tube Feeds
- Gaps Filled By Rental Companies
  - Rapid Delivery/Pickup
  - Power of Major Hospital System

Infection Prevention

WE TESTED IT:
DAY-IN-THE-LIFE

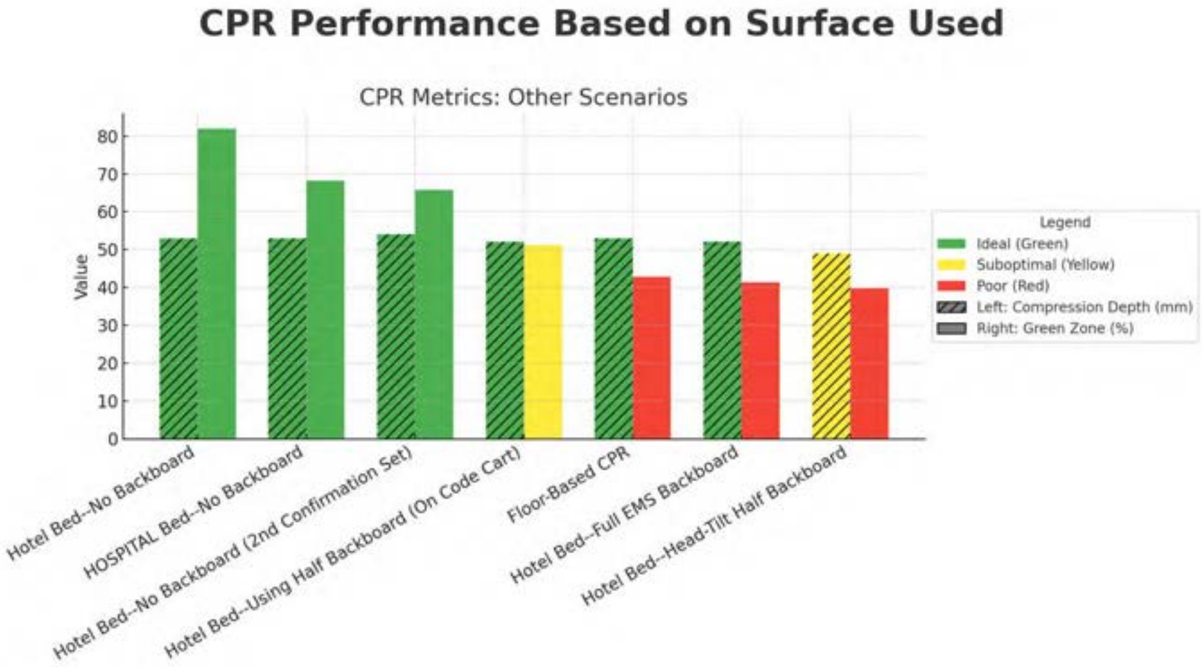
Day-in-the-Life

Hoyer Lift

Gait Belt and Walker

Day-in-the-Life

CPR: Hotel Bed, Hotel Bed (w/Backboard), Hospital Bed, Floor



Day-in-the-Life

Intubation and Patient Movement (Med/Surg to Stretcher)

Day-in-the-Life

Patient Movement (Med/Surg to Elevator to ICU on a stretcher)

Day-in-the-Life

Emergency Procedures (Evacuation)

WE SHOWED IT:
DEMONSTRATION

Demonstration

H2H Conversion Materials

- 2025 H2H Conversion Guidebook
- H2H Estimator Tool
- H2H Clinical Equipment List
- H2H Conversion Costs
- H2H Emergency Response Plan Template

Visit our Website
www.hotel2hospital.info

Conclusions

- A team that is solution focused
- Rapid conversion of a hotel into an H2H is feasible and realistic (especially for sustained operations)
- Preplanning with partners is critical
- Begin IT planning now (or right away as you begin design)
- Successful Managing Hospital is resource-rich and/or part of a system

Have Feedback?
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H2H Evaluation Survey

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NHCPC25
NATIONAL HEALTHCARE COALITION PREPAREDNESS CONFERENCE

Strengthening Coalitions Lies Deep in the Heart of Collaboration

Presented By:
MESH

Mass Surge Checklists

Ashton Anderson – Director of Safety and Emergency Management – Elvis Presley Trauma Center

Chris Reeves – Emergency Management Coordinator – Elvis Presley Trauma Center

MCI planning critical considerations

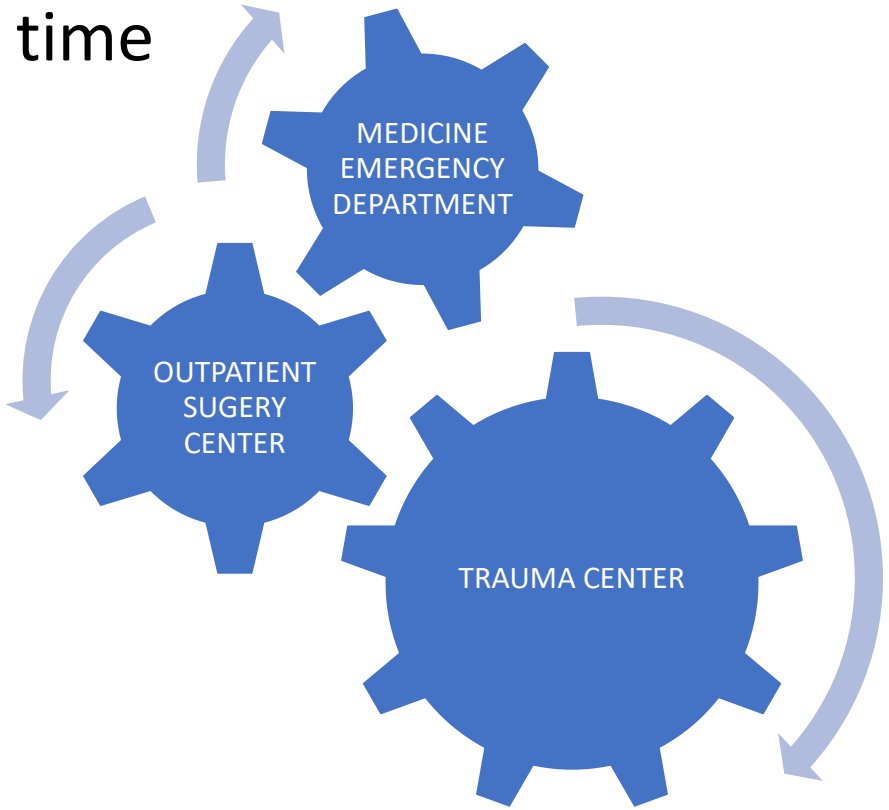
- TIME/speed
- Efficiency
- Clear communication
- Defined roles

Why a checklist works

- TIME/speed – immediate action for all areas
- Efficiency – all “cogs” of the machine are working together at the same time (After a complete redirect in some areas)
- Clear communication – instructions are simple, straightforward and APPROPRIATE for the area
- Defined roles – everybody has a lane and they need to stay in it!

How to create a checklist

- Identify the primarily disrupted areas – TARGET FIRST
- Identify most critical support areas – TARGET SECOND
- Spread out to other departments one at time



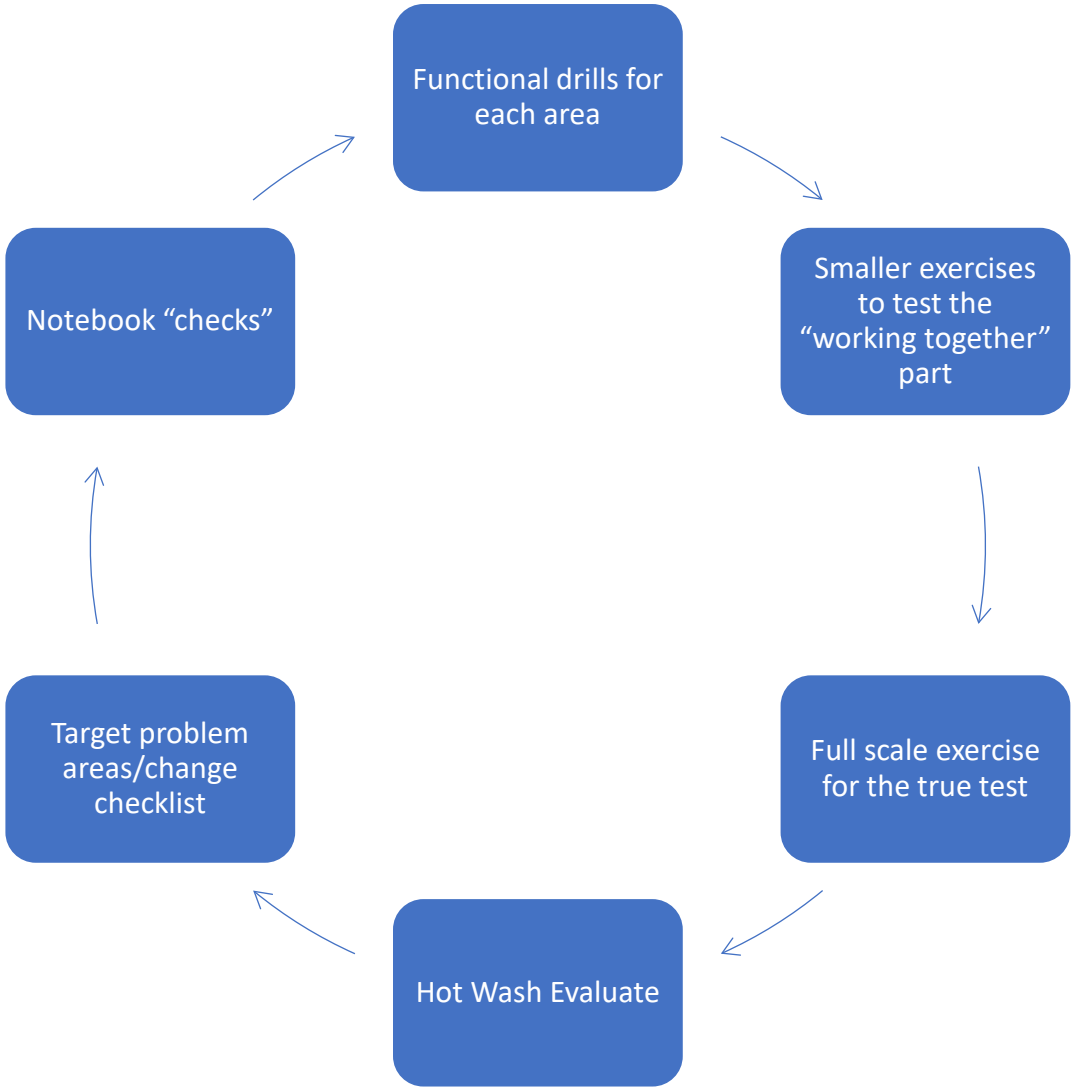
HOW TO CREATE A CHECKLIST

- Meet with Director/manager/leaders of specific area
  - Defer to them as the subject matter expert of that area to generate buy in/good will
  - Set format to be used for every checklist by every department
  - Set expectations/limitations for MCI or your specific event
    - The areas that came before them/review those checklists with them
    - Ask how they can be supported what areas they think should be next

How do they work together

- Cogs in one big machine
  - All move together, all stop together, all re start together
  - All complement each other
- Departments hold each other accountable by default
- Command team double checks and verifies actions are being taken
- Testing a few new checklists at a time with exercises

How do you test/exercise?



Changes, changes, changes

- Your EOP is always in flux so will the checklists
- Leader and staff turn overs
- Continued buy in
- Standard and routine meetings
- Notebook Checks

Examples

Questions

- ALANDERSON@REGIONALONEHEALTH.ORG
- (912) 481-7663