NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)
ANNEX F:

SITUATIONAL AWARENESS & INFORMATION SHARING
OCTOBER 2023

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Purpose

The purpose of the Situational Awareness and Information Sharing annex is to provide a framework for how the North Carolina Office of Emergency Medical Services (NCOEMS) maintains situational awareness and coordinates information sharing with partners in a timely manner across the Healthcare System in North Carolina. Maintaining day to day situational awareness regarding potential threats that may impact the healthcare system, threats that have impacted the healthcare system, and ensuring this information is shared appropriately is a key component to the mission and goals for NCOEMS role as Disaster Medical Services. This annex provides a standard process and mechanism for gathering, analyzing, and ultimately sharing critical situational awareness to healthcare partners during an incident or event.

Assumptions

- This annex is intended for use in conjunction with the NCOEMS Emergency Operations Plan.
- North Carolina Office of Emergency Medical Services (NCOEMS) is the lead agency for ESF8, Disaster Medical Services, and is responsible for providing situational awareness and sharing information across the healthcare system on a day-to-day basis.
- Detailed information may not be available immediately following an incident resulting in the need to prioritize the most critical pieces of information early on and gather more in-depth details as the incident progresses.
- Healthcare Organizations are autonomous entities and choose what information to share with NCOEMS.
- Transparency and proactive communication are essential for accurate situational awareness and maintaining trust with partners is key to ensuring good situational awareness.

Concept of Operations

Activation

- The NCOEMS Shift Duty Officer SOG, EOP Appendix 1 from Emergency Operations Plan, outlines a 24/7 process for maintaining situational awareness and sharing information across the healthcare system every day. It also outlines the process for activation of the NCOEMS Emergency Operations Plan (EOP). Upon activation of the EOP, the Situational Awareness & Information Sharing Annex will simultaneously be activated as a core component of the coordination, collaboration and communication required to respond to any emergency or disaster that may impact the healthcare system.

Notification

- Initial notification of the activation of the NCOEMS EOP to healthcare partners is considered situational awareness and information sharing therefore no additional notifications shall be required.
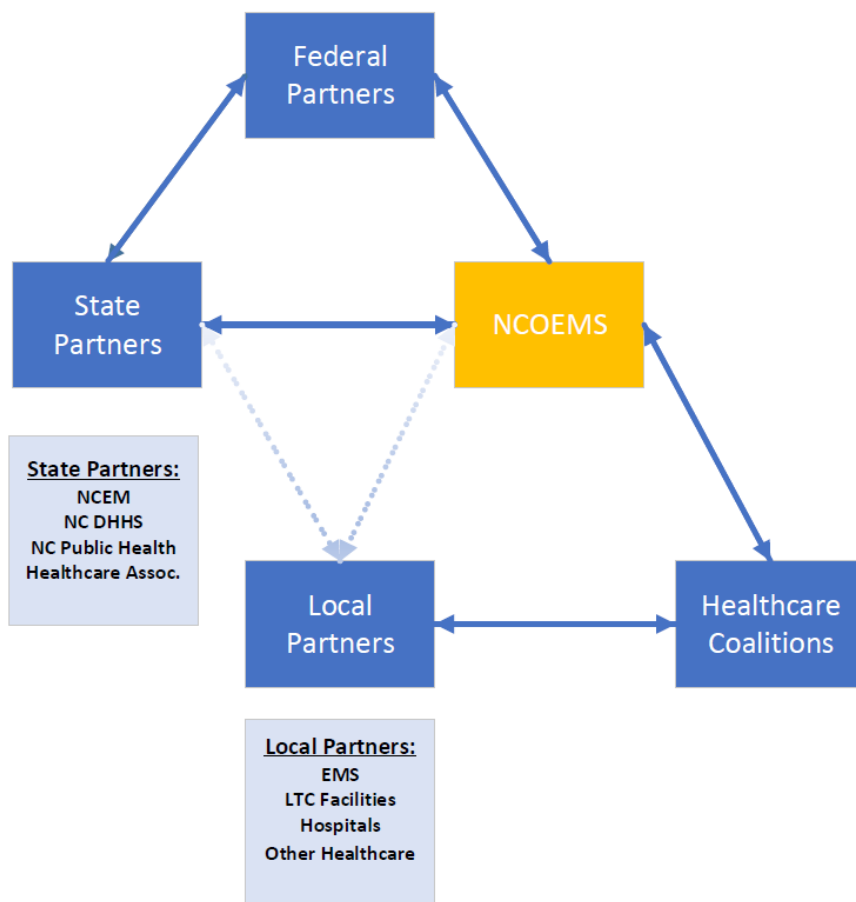
Situational Awareness

Purpose: Situational awareness is defined as maintaining knowledge of what is going on around you or your agency. In the context of this annex, specifically if impacts have occurred or are anticipated to occur to the healthcare system, the primary purpose of sharing the information is to provide an early warning. Providing initial and ongoing situational awareness can allow federal, state, regional and local healthcare partners to initiate preparedness and response actions, such as identifying potential resources, activating staff, turning on emergency contracts, and making decisions on patient evacuations etc. For the most effective situational awareness a low threshold for sharing information should be utilized by all healthcare entities and local, regional, state, and federal partners (see triggers outlined below).

Process: The process for maintaining situational awareness is based on bidirectional communication between federal, state, regional and local partners. Communications regarding real or potential impacts to the healthcare system should flow from local partners (county emergency management and/or healthcare partners), to Regional Healthcare Preparedness Coalitions (HCCs), to NCOEMS, to other state partners (NCEM, NCDHHS, Healthcare Associations etc.), and to federal partners (ASPR Regional Emergency Coordinators) as applicable. Other state and federal entities (NCEM, NCDPH, Healthcare Associations, ASPR RECs etc.) have their own established communication channels so many times the communications may flow laterally or top-down (see Figure 1.1 Situational Awareness Communications Diagram). NCOEMS has the responsibility to maintain and provide situational awareness to the North Carolina Healthcare System (e.g., EMS Agencies, Long-Term Care Facilities, Hospitals, Dialysis Centers etc.) through the Regional Healthcare Preparedness Coalitions which is a key facet of the bidirectional communication.

Process Exceptions: In some circumstances, NCOEMS will make the decision to communicate directly to the local partners. This is most commonly due to a need for expediency, privacy concerns and/or the regional HCC staff being overwhelmed. Additionally, the local healthcare partner emergency managers and/or emergency preparedness coordinators may contact NCOEMS directly. These two exceptions should be considered rare occasions and not the primary method of communication. The final exception in this process, which is more common, is when a local partner (e.g., county emergency manager, local public health department etc.) will contact a state level partner (e.g., NCEM, NC DPH etc.) directly to notify them of the situation and these state level partners will notify NCOEMS. All efforts will be made to ensure the HCC staff are aware of the communications when possible. Process exceptions are outlined in Figure 1.1 by the dotted lines showing these occasional alternate pathways of communication.

Figure 1.1 Situational Awareness Communications Diagram:

Information Sharing

Purpose: Information Sharing is a key component of ensuring that situational awareness is maintained by the many partners and stakeholders to the North Carolina Healthcare System. Information sharing is defined as the ability to share healthcare system related status updates and essential elements of information to maintain a common operating picture and pertinent healthcare system data.

Process: The process for information sharing relies on bidirectional communication between federal, state, regional and local partners. This may be in the form of situation reports, data collection and reporting, coordination calls and individual discussion between partners.

Secure Info: Information regarding potential or real impacts to the healthcare system should be considered secure messages in most circumstances. NCOEMS will utilize one of the following methods to ensure the messages are handled appropriately:

- *For Official Use Only* (FOUO): This marking on a document or email shows that the information is unclassified but considered controlled information. This marking can be used when sensitive information is being shared to indicate that it cannot be shared beyond those on initial distribution unless specifically authorized in the notification. Additionally, this information should not be posted or shared publicly.
- *Homeland Security Traffic-Light Protocol* (TLP): This protocol helps ensure sensitive information is not inappropriately shared and will be utilized to ensure messages that should have limited distribution have a standard system for identification. Information shared should have the TLP labels, outlined below, in subject lines and the body of notifications.
    - TLP: RED: Should be utilized when information cannot be effectively acted upon by additional parties, and could lead to impacts on a party's privacy, reputation, or operations if misused. Recipients may not share TLP: RED information with any parties outside of the specific exchange, meeting, or conversation in which it is originally disclosed.
    - TLP: AMBER – Should be utilized when information requires support to be effectively acted upon, but carries risk to privacy, reputation, or operations if shared outside of the organizations involved. Recipients may only share TLP: AMBER information with members of their own organization, and only as widely as necessary to act on that information.
    - TLP: GREEN – Should be utilized when information is useful for the awareness of all participating organizations as well as with peers within the broader community or sector. Recipients may share TLP: GREEN information with peers and partner organizations within their sector or community, but not via publicly accessible channels.
- *Encryption:* Information that could potentially contain sensitive information (such as Protected Health Information or PHI) must be sent via a HIPAA compliant platform or via encrypted email (as last resort) to ensure that the information is properly handled.
- *Specific Groups:* Information that is allowed to be distributed but is intended for a specific subset of partners (e.g., Hospital Emergency Managers) should have the group specifically identified in the notification to provide awareness to the Healthcare Preparedness Coalitions who the intended audience is for distribution. If the information is not marked with FOUO or TLP specifically then the HCCs can choose what audience to distribute the message but at a minimum the identified audience should receive the email as soon as possible.
- *HIPAA Compliant Information Sharing platforms*: NCOEMS maintains several HIPAA complaint platforms for use during an emergency. The below list outlines the systems used by NCOEMS and denotes whether they are considered HIPAA compliant or not.

- o NCSPARTA – WEBEOC: Not HIPAA compliant
- o NCTERMS: Not HIPAA compliant
- o OWNCLOUD: HIPAA compliant
- o READYOP: HIPAA complaint

Methods: NCOEMS maintains a variety of methods for sharing information with healthcare partners for the purpose of maintaining situational awareness during an event. Each of the below sections describes different tools used to share pertinent information.

- *Website:* NCOEMS maintains two different websites with pertinent information and updates: http://hpp.nc.gov and http://oems.nc.gov
- *Coordination Calls:* NCOEMS utilizes a variety of coordination calls to ensure the bidirectional sharing of information can occur during an activation. Typically, the calls will be based on the operational period (e.g., 24 hours operational period will have one coordination call per day). The frequency of calls is the decision of the NCOEMS ESF8 Lead & NCOEMS Operations Manager. Coordination call types may include the following:
  - o NCOEMS Staff
  - o NCOEMS & Operational Sites
  - o NCOEMS & NC Regional Healthcare Coalitions
  - o NCOEMS & Statewide Patient Coordination Team
  - o NC Regional Healthcare Coalitions & Healthcare Coalition Partners
  - o NCOEMS and NC Healthcare Associations/Partners/Stakeholders
  - o Region IV Unified Planning Coalition
- *Email Groups & List-Servs:* NCOEMS maintains a variety of email groups and list-servs to help ensure continuity of operations during an activation. These email addresses and list-servs hit a group of people to ensure the information is shared even when certain staff are off-duty. Primarily outgoing information is sent via ReadyOp but there are email groups and list-servs that can be utilized to share information with staff and partners:
  - o dhsr.ncoems.sdo@dhhs.nc.gov – this email group goes to all NC HPP Shift Duty Officers (SDOs) – anyone can send a message to this group email.
  - o dhsr.ems.esf8@dhhs.nc.gov – this email group goes to all NCOEMS deployable staff – anyone can send a message to this group email.
  - o hppsystemssupport@dhhs.nc.gov – this email group goes to the HPP Systems Support Team and can be used for system support requests (e.g., ReadyOp, WEBEOC, iCAMs etc.) – anyone can send a message to this group email.
  - o dhsr.oems.regional.hpp@lists.ncmail.net – this list-serv goes to all Regional Healthcare Preparedness Coalition Staff and Leadership. All NC HPP SDOs have the ability to send messages via this list-serv.
  - o OEMSSEOC@dhhs.nc.gov – this email group is used for any staff working at the State Emergency Operations Center during an activation.
  - o oemssupportcell@dhhs.nc.gov– this email group is used for any staff working in the OEMS Support Cell during an activation – anyone can send a message to this group email.
  - o oemspatientmovement@dhhs.nc.gov– this email group is used for any staff working as part of the OEMS Patient Movement team during an activation – anyone can send a message to this group email.
  - o oemsstaffingsupport@dhhs.nc.gov– this email group is used for any staff working as part of the OEMS Staffing Support team during an activation – anyone can send a message to this group email.

Situation Reports

Written situation reports are crucial to providing key stakeholders and partners with information about the incident/event that has resulted in the EOP activation. The frequency of the situation report is the decision of the NCOEMS ESF8 Lead & NCOEMS Operations Manager but is typically once per operational period. The use of a situation report during an activation is to provide standard formatting to use when reporting information to stakeholders, partners, and leadership entities.

Guidelines

The below information is considered a guideline to completion and dissemination of situation reports during an activation of the NCOEMS EOP. The ESF8 Lead has ultimate oversight of the situation report to include the frequency, content, and distribution list. This may change depending on the cause of the EOP activation.

Collection of information:

A situation report is required for all operational areas (e.g., Support Cell, MDH, SMSS etc.). The SEOC ESF8 Desk Manager has the responsibility of collecting the information from operational areas, and pertinent partners (e.g., HCCs) to compile the full situation report and present it to the ESF8 lead or designee for approval.

ReadyOp is the primary system used to collect the information necessary for the completion of the situation report.
The following items are considered the minimum information to gather for a situation report:

1. Name of person completing the form
2. Operational Period Date & Time
3. Number of Staff Activated
4. Overall Status (e.g., No Change, Improving, Worsening)
5. Mission Assigned
6. Total number of patients impacted by mission (e.g., number of patients moved, number of patients sheltered, number of patients treated etc.)
7. Current Operations Summary
8. Critical Issues / Needs

Distribution of Information:

Once the situation report has been complied and approved it should be shared with the following groups:

1. NCOEMS Staff
2. Regional Healthcare Preparedness Coalition Staff
3. NCEM Operations Section (via the Emergency Services Lead)
4. Primary Stakeholders and Partners (as identified in the ReadyOp Partner Contacts Group)

Essential Elements of Information

Essential Elements of Information (EEIs) are a standard set of data elements that are collected pre-incident and post-incident to provide information on healthcare partner's state of readiness, resource availability, known gaps, and impacts to their infrastructure, services, patient load, and staff. There are several core purposes to the collection of EEIs:

1. Provide information before an incident on the elements that will be expected from partners to allow systems, processes, and preparedness activities to be set up to ensure the information can be provided.
2. Minimize collecting and reporting burden from various state and federal agencies that frequently request information on status from healthcare facilities and agencies.
3. Provide transparent data to drive decision making (ESF8 monitoring, potential resource needs, potential operational posture etc.)
4. Improve bi-directional information sharing.

NCOEMS will maintain an active link to the Pre-Incident and Post-Incident Essential Elements of Information on the website (https://hpp.nc.gov/internal-response-resources/essential-elements-of-information/). This information is available through a static link on that site for use by any of the Healthcare Coalition staff to share with partners.

It is recommended that annually each hospital in North Carolina provide an updated Pre-Incident EEI form as a preparedness activity. This can be done during exercises, blue sky days, or at the request of their Healthcare Coalition. Post-Incident EEI forms may be completed by any hospital in North Carolina following an emergency or disaster incident. Typically, Post-Incident EEIs will be required of hospitals that are in an impact area (e.g., a specific region, set number of counties, only one county etc.) and the request for those EEIs will be sent from the ESF8 Lead or designee.

If a federal disaster declaration has occurred, it is anticipated that ASPR Regional Emergency Coordinators will request the pre and post incident EEI forms for the identified area as part of their routine reporting requirements. When this situation occurs, an email notification will go out from the ESF8 lead or designee, indicating that the EEIs are required, providing the website link where the forms can be completed, and providing a set time each day that the forms are required. It is anticipated that 12pm each day will be the deadline for reporting to align with the ASPR requirements.

Information collected through the Essential Elements of Information forms is intended for use only by disaster response staff involved in the incident at the local, regional, state, and federal level. Inappropriate use or distribution of this information could result in a decrease in number and/or a lack of transparency when completing the data collection request.

Typically, EEI requirements involve a survey to healthcare facilities to determine the following:

1. Census
2. Number of Beds (different types depending on facility type i.e., inpatient vs. outpatient)
3. Patient Treatment Status
4. Structural Damage
5. Evacuation Type
6. Evacuation Status
7. Reentry Status
8. Power Status
9. Generator Fuel Status
10. Generator Fuel Type
11. HVAC Status
12. Water Supply Status
13. Dialysis Status (if applicable)
14. Sewer Status
15. Immediate Needs