NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES
EMERGENCY OPERATIONS PLAN (NCOEMS EOP)
BASE PLAN
OCTOBER 2023

Table of Contents

Authorities

The North Carolina Division of Emergency Management (NCEM) is delegated the responsibility and authority to coordinate response to emergencies and disasters through the Governor of North Carolina to the Secretary of the Department of Public Safety who delegates that authority to the NCEM Director. Details of this authority can be found in The North Carolina Emergency Management Act found in **Chapter 166A** of the North Carolina General Statutes

In accordance with this statute, the North Carolina Emergency Operations Plan (NCEOP) is to describe a system for effective use of resources to preserve the health, safety, and welfare of those affected during emergencies. The NCEOP establishes responsibilities for state departments, private volunteer organizations, and non-profit organizations. According to the NCEOP, North Carolina Office of Emergency Medical Services (NCOEMS), is responsible for Disaster Medical Services as part of the Emergency Support Function – 8 Health & Medical Services (ESF-8).

Mission

In the State of North Carolina according to the North Carolina Emergency Management Agency, health and medical services have been further organized under NCESF-8A (Disaster Medical Services) and NCESF-8B (Public Health). Under this organization, NCOEMS acts as the NCESF-8A Lead and has primary responsibility for coordinating statewide support for emergency medical care while the North Carolina Division of Public Health (NCDPH) act as NCESF-8B Lead with primary responsibility over public health services. NCOEMS responsibilities under Disaster Medical Services includes:

- Provide leadership in coordinating and integrating the overall state efforts that provide medical assistance to a disaster-affected area.
- Coordinate and direct the activation and deployment of state resources of medical personnel, supplies, equipment, and pharmaceuticals with Public Health as needed.
- Coordinate information gathering and sharing between federal, state, and local agencies in order to best guide the State Emergency Response Team's (SERT) decision making ability.
- Assist in the development of local capabilities for the on-site coordination of all emergency medical services needed for triage, treatment, transportation, tracking, and evacuation of the affected population with medical needs.
- Establish and maintain the cooperation of the various state medical and related professional organizations in coordinating the shifting of Emergency Medical Services resources from unaffected areas to areas of need.
- Coordinate with the SERT Military Support Branch to arrange for medical support from military installations.
- Coordinate the evacuation of patients from the disaster area when evacuation is deemed necessary.
- Coordinate the catastrophic medical sheltering response by implementing the Medical Support Sheltering Plan.

NCOEMS strives to manage these responsibilities through its Healthcare Preparedness Program (HPP) and provide the capabilities to meet them through State Medical Response System (SMRS) organizations.

Purpose and Scope

This NCOEMS Emergency Operations Plan (NCOEMS-EOP) has been developed as one means for NCOEMS, through its Healthcare Preparedness Program (HPP), to direct and coordinate various State Medical Response System (SMRS) organizations. These organizations can be activated in response to and/or recovery from a disaster or other emergency as part of the State Emergency Response Team (SERT) and enhance its ability to respond to medical emergencies due to all hazards.

This plan details the activation, organization, operation, and demobilization, of the NCOEMS, including the ESF8 Desk and its interactions with the SERT, SMRS organizations, and other ESF8 Health and Medical partners during emergent events and disasters. Although it may not cover all possible situations that may occur after activation, it is meant to provide NCOEMS staff who may be assigned to these areas with information essential for the successful set-up and operation of the positions described.
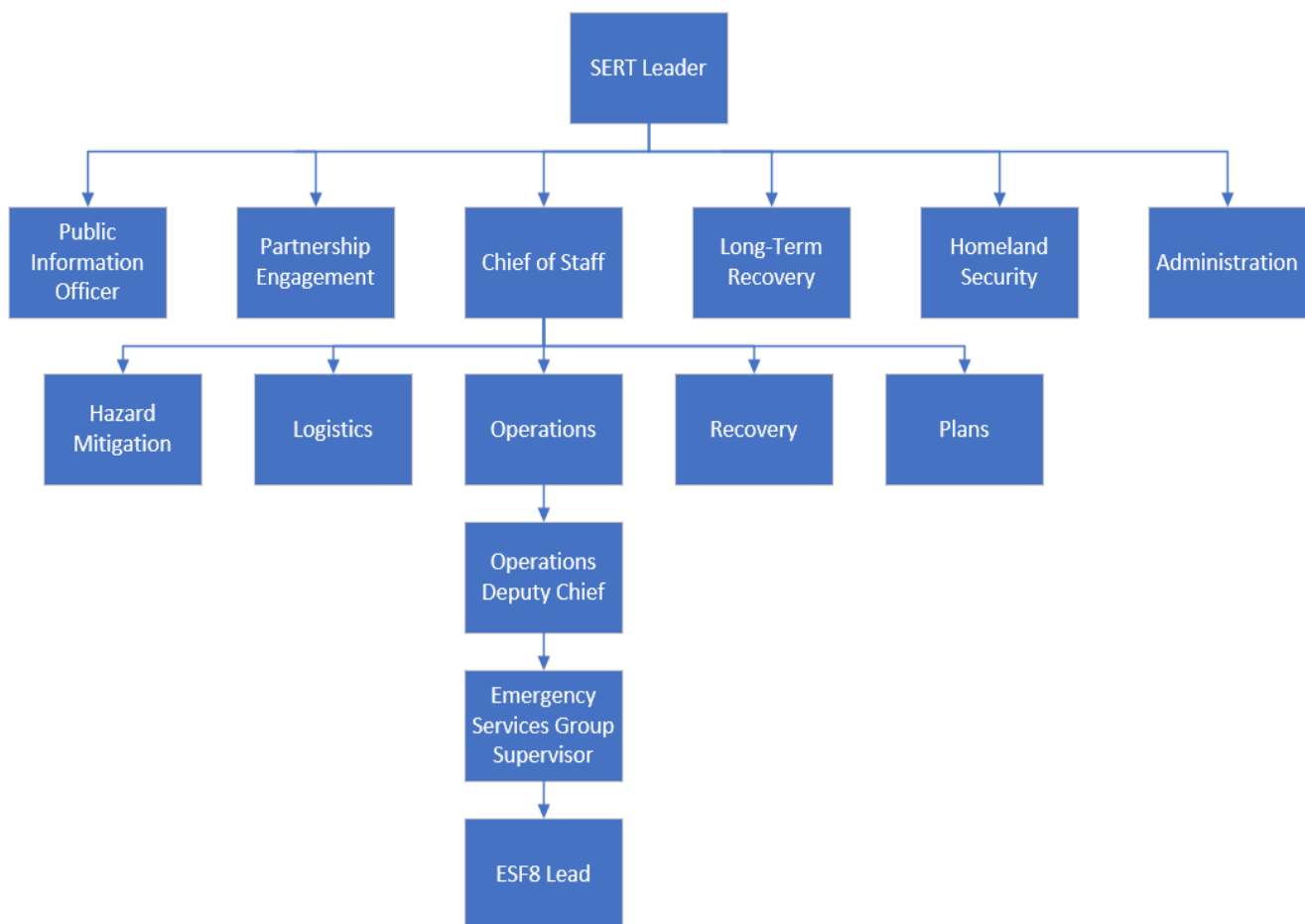
ESF8 Organization

North Carolina Office of Emergency Medical Services: The North Carolina Office of Emergency Medical Services (NCOEMS) sits within the Department of Health and Human Service's Division of Health Service Regulation and has the mission to foster emergency medical systems, trauma systems and credentialed EMS personnel to improve in providing responses to emergencies and disasters which will result in higher quality emergency medical care being delivered to the residents and visitors of North Carolina. According to the North Carolina Emergency Operations Plan, NCOEMS is responsible for Disaster Medical Services as part of the State Emergency Response Team (SERT).

Healthcare Preparedness Program: The North Carolina Healthcare Preparedness Program (HPP) sits within the Division of Health Service Regulation's North Carolina Office of Emergency Medical Services. HPP's mission is "We are a partner to the healthcare community, working to prepare for, respond to, and recover from emergencies and disasters across North Carolina." During emergencies and disasters, the HPP is responsible for managing NCOEMS responsibilities under the NCEOP including providing situational awareness, supporting continuity of operations, augmenting medical surge, coordinating healthcare resource allocation, coordinating statewide patient movement, and providing technical assistance. To fulfill these responsibilities, staff may be deployed to the ESF8 Desk at the State Emergency Operations Center (SEOC), the ESF8 Support Cell, to a state coordinated field operation, to provide support as part of a State Medical Response System (SMRS) organization or working remotely to support operations. As part of the Healthcare Preparedness Program, there are eight regional Healthcare Coalitions (HCCs) across North Carolina that have similar responsibilities during emergencies and disasters.
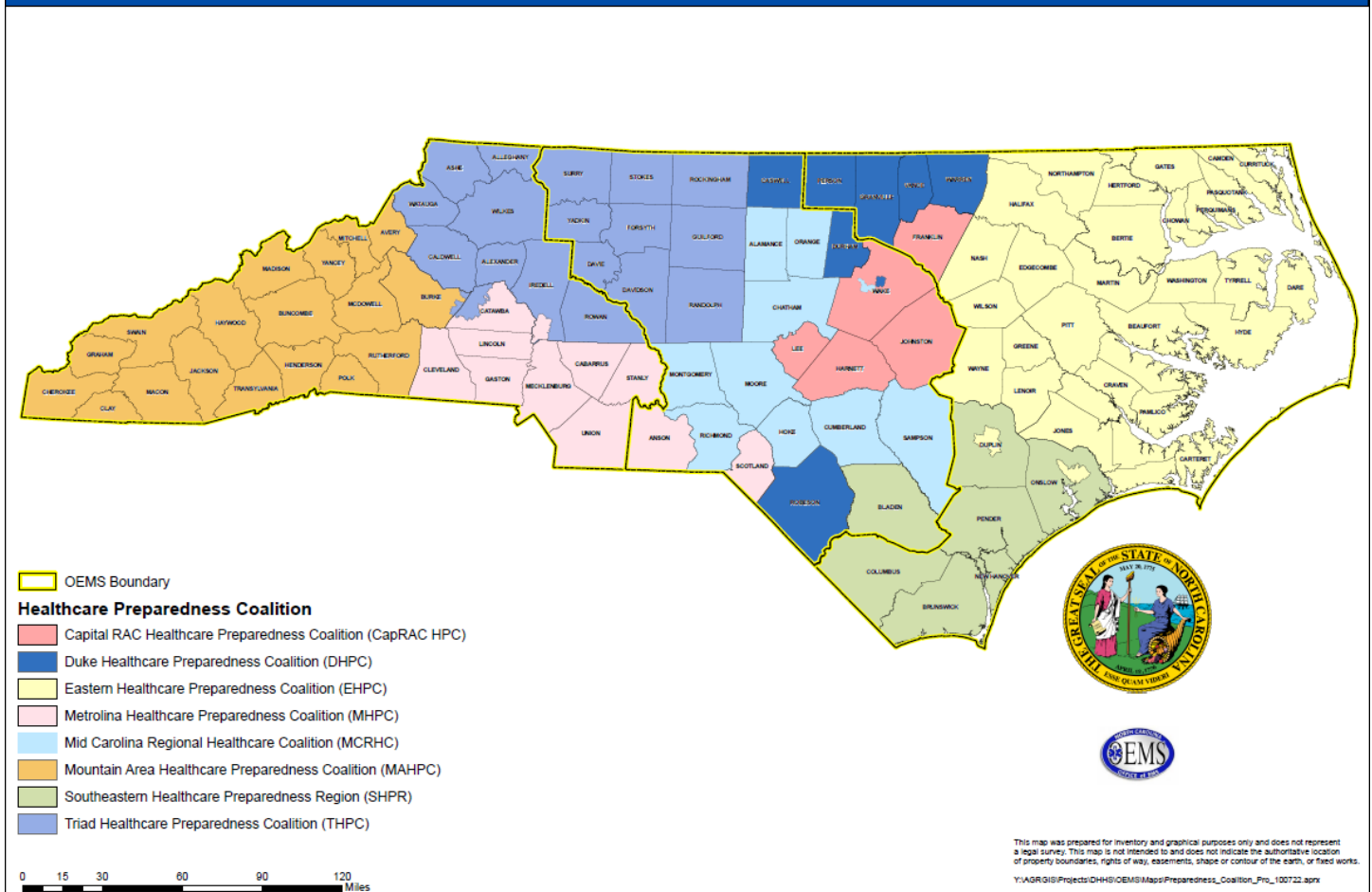
State Medical Response System: NCOEMS, as a member of the SERT and Lead Agency for ESF8, has facilitated the collaboration of local, regional, and state emergency response agencies in North Carolina to form the State Medical Response System (SMRS). The role of the SMRS is to support healthcare infrastructure when it is overwhelmed by an incident or event and when local and/or mutual aid resources are exhausted or inadequate. The purpose of the State Medical Response System (SMRS) is to provide support to that overwhelmed system by supplying the necessary equipment, assets, and/or personnel needed to provide medical care, and to ensure healthcare infrastructure continuity by facilitating the development of resilient systems through operational planning, training,

and exercises. The SMRS consists of State Medical Assistance Teams II (SMAT II), State Medical Assistance Teams III (SMAT III), Emergency Medical Services (EMS) Resources, the Mobile Disaster Hospital (MDH), Medical Reserve Corps (MRC) and contractual entities. **Refer to Annex H: State Medical Response System for additional information (note this annex is under construction).**

State Emergency Response Team (SERT): The SERT is comprised of senior representatives of state agencies, volunteer and nonprofit organizations, and corporate associates who have knowledge of their organizations' resources. SERT members provide technical expertise and have the authority to commit their organization's resources to support local, regional, and statewide emergency responses. During a response, these representatives may join the SERT Leader at the State EOC or remotely to coordinate relief efforts and provide support. As the situation develops or if additional assistance is required, SERT agency representatives may be deployed as All-Hazard Incident Management Teams (IMT) to affected counties to provide on-scene coordination and assistance.

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Jurisdictions

North Carolina Healthcare Preparedness Coalitions

OEMS Boundary

Healthcare Preparedness Coalition
- Capital RAC Healthcare Preparedness Coalition (CapRAC HPC)
- Duke Healthcare Preparedness Coalition (DHPC)
- Eastern Healthcare Preparedness Coalition (EHPC)
- Metrolina Healthcare Preparedness Coalition (MHPC)
- Mid Carolina Regional Healthcare Coalition (MCRHC)
- Mountain Area Healthcare Preparedness Coalition (MAHPC)
- Southeastern Healthcare Preparedness Region (SHPR)
- Triad Healthcare Preparedness Coalition (THPC)

Regional: Within North Carolina there are eight (8) defined Healthcare Coalition regions which are all led by a sponsor hospital. Healthcare Coalitions (HCCs) provide information sharing, healthcare system situational awareness, response coordination, logistical support, and augment medical operations to jurisdictions and healthcare facilities. They are comprised of members from healthcare organizations (e.g., hospitals, EMS agencies, public health, long-term care facilities, dialysis centers etc.) and their public and private sector response partners (e.g., emergency management agencies, volunteer organizations active in disaster etc.). Healthcare Coalition members are activated through region-specific preparedness and response plans developed and maintained in coordination with their Healthcare Preparedness Coordinator (HPC). During the activation of this EOP, NCOEMS has the ultimate authority and oversight of the HCC response as part of the State Medical Response System.

State: When activated for emergency response, NCOEMS provides statewide oversight, coordination, and support to county and regional entities, including the HCCs and their partners, for the sustained delivery of health and medical services in accordance with its obligations under the NCEOP. As the need for health and medical resources exceed the capacity or capability of the resources in any one region, NCOEMS plans, coordinates and executes the delivery of needed support to those areas from

other identified regional, state, or federal resources. Working as part of the SERT, NCOEMS coordinates statewide support through the Emergency Services Group of the State Emergency Response Team (SERT-ESG) at the State Emergency Operations Center (SEOC).

HHS Region IV UPC: The Region IV ESF8 Unified Planning Coalition (UPC) provides support during declared disasters where there is a need to provide or receive health and medical resources across state lines. The organization is comprised of ESF8 leadership from each of the FEMA Region IV states (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) and federal ESF8 representatives. The UPC supports member states by assisting with the coordination of ESF8 planning and logistical/resource support. Prior to and during disaster response, the UPC assists impacted or potentially impacted member states with situational awareness, resource identification and acquisition via the Emergency Management Assistance Compact (EMAC), and coordination between member state and public health and medical (ESF8) systems.

Federal: The Robert T. Stafford Disaster Relief and Emergency Assistance Act provides the authority for the Federal government to respond to disasters and emergencies in order to provide assistance to save lives and protect public health, safety, and property. The U.S. DHHS-Administration for Strategic Preparedness and Response (ASPR) acts as the lead agency for federal ESF-8 Health and Medical assistance however other federal agencies such as the Centers for Disease Control and Prevention (CDC), United State Department of Veterans Affairs (VA) may also provide support. In the event that state health and medical resources are insufficient to maintain ESF-8 response or recovery operations and a State of Emergency has been declared by the governor of North Carolina, federal health and medical resources can be considered. This coordination will be done in conjunction with the ESF8 lead, NCEM ESG and ASPR Regional Emergency Coordinators (RECs) which are available to support the response physically or remotely. All federal response assistance will be based on State-identified priorities and must be approved by the SERT leader.

CONCEPT OF OPERATIONS

Activation: In general, ESF8 may be activated whenever an event (planned) or incident (unplanned) occurs, or is expected to occur, in which local or regional healthcare resources have become exhausted or are anticipated to become exhausted. Activation may be initiated in conjunction with a general activation of the SERT and SEOC or to provide direct support to SMRS organizations that may already be deployed. Depending on the situation, activation requests will usually be initiated by:

- The Emergency Services Group Supervisor of the North Carolina Division of Emergency Management (NCEM)
- The appropriate Healthcare Preparedness Coordinator (HPC) or their designee

The individuals holding the following positions within NCOEMS have the authority to activate this EOP:

1. HPP Program Manager
2. HPP Operations Manager
3. OEMS Chief
4. OEMS Assistant Chief
5. OEMS Regional Manager (East, Central, West)

Once activated, the ESF8 Lead, or their designee, will coordinate internally with appropriate senior staff, externally with NCEM, the NC Division of Public Health (NCDPH), and other NC Department of Health and Human Services (NCDHHS) organizations to inform decisions to activate and the appropriate level of activation. Refer to **EOP Appendix 2: ESF8 SEOC Activation Checklist** for items required as part of activation and **Refer to EOP Appendix 3: ESF8 SEOC/Support Cell Staffing and Sustainment SOG** for additional information covering staffing plans, battle rhythm, and the notification of personnel.

Over the course of an activation, the coordination of resources and support for NCOEMS coordinated field operations will begin at the ESF8 Desk and may expand to include the ESF8 Support Cell and/or other locations before contracting back to the ESF8 Desk. During this time, a portion of the duties and responsibilities held by the ESF8 Desk may be shifted to these other locations.

Activation Levels: NCOEMS activation will depend on the situation and may be independent of the activation level of the SEOC. For NCOEMS, these levels include:

- **Monitoring:** The Shift Duty Officer (SDO) is monitoring emergency communications statewide and engaging in information sharing with the healthcare system and emergency response organizations (Healthcare Coalitions, NCEM, PHP&R, etc.) as necessary. At this level, there is no known threat of impact and the coordination of SMRS assets by NCOEMS is not anticipated. **Refer to EOP Appendix 1: Shift Duty Officer SOG.**

- **Activated:** ESF-8 Lead, and other staff are actively involved in preparedness and response activities in anticipation of or due to the need for a deployment of state resources as part of the SMRS. At this level, the coordination may be conducted remotely or from a specific location (e.g., SEOC, Support Cell, etc.) and may involve one or more assets.

Sustainment of SEOC Operations: If NCOEMS involvement with disaster response and recovery operations extend to a 24-hour schedule, operations must be sustained. The sustainability of these operations is dependent on having adequate personnel, equipment (including communication equipment), facilities, meals, and lodging available as well as adequate support for these factors. **Refer to EOP Appendix 3: ESF8 SEOC/Support Cell Staffing and Sustainment SOG** for additional information addressing these issues.

Organization and Assignment of Responsibilities
General
Once notified, activated staff will support/coordinate ESF8 operations, handle associated requests for health and medical (ESF8) information and resources, represent ESF8 to local, state, and federal partner organizations, and provide reports to the SERT as requested. Key responsibilities and roles are detailed below.

ESF8 Responsibilities
SEOC ESF8 Desk: The ESF8 Desk at the SEOC is typically the initial and primary center for ESF8 coordination of State Medical Response System (SMRS) information and resources, and the authoritative source for response and recovery decisions as they pertain to disaster medical services in North Carolina. The functions of the ESF8 Desk may be conducted remotely depending on the

operational situation or nature of the event. Once activated, personnel assigned to the ESF8 Desk are responsible for coordinating medical resource management and supporting NCOEMS field operations, refer to **EOP Appendix 4: Medical Resource Management SOG**. The desk should coordinate directly with the NCEM Emergency Services Group Supervisor (ESG Supervisor) regarding potential and assigned ESF8 missions. As the response to a disaster expands, the ESF8 Lead may activate the ESF8 Support Cell and shift selected ESF8 Desk responsibilities to the support cell.

ESF8 Support Cell: The ESF8 Support Cell typically serves as a secondary center for the coordination of SMRS information and resources, primarily in support of the ESF8 Desk when it is necessary for operations to expand. However, these functions may also be conducted remotely depending on the operational situation or nature of the event. Once activated, the personnel assigned to these roles are responsible for the duties assigned to them as directed by the ESF8 Desk Manager.

HCC Operations Centers/Support Cells: Each HCC maintains an Operations Center/Support Cell as their initial and primary location for the coordination and support of healthcare facilities or ESF8 operations both within their regions and throughout the state. Once activated, HCC staff assigned to these areas, work as part of ESF8 and assist with the coordination of SMRS information and resources in support of local Emergency Management, their regional response partners, other HCCs, and the ESF8 Desk or ESF8 Support Cell. Like the ESF8 Desk and ESF8 Support Cell, these functions may also be conducted remotely depending on the operational situation or nature of the event.

Regional Coordination Centers (RCCs): RCCs operate under the direction of the NCEM Operations Chief and are directly managed by NCEM Regional Managers. They are activated as staging areas for personnel and equipment (from all Emergency Support Functions) necessary to support disaster response and recovery operations on the local and regional level when necessary. Once an RCC is activated the ESF8 Lead may be tasked with providing representatives to staff the RCC ESF8 Desk. If tasked, the ESF8 Lead, or their designee, will select staff from the NCOEMS Regional Offices (Eastern, Central, Western) to act as ESF8 representatives to the RCCs. NCOEMS Regional Managers and regional staff assigned to the RCCs operate under the ESF8 Desk Manager and are responsible for coordinating disaster information, facilitating ESF8 mission support and medical resource tracking, informing medical resource allocation decisions, and for coordinating and resolving operational issues between ESF8 agencies and government jurisdictions.

ESF8 Roles:
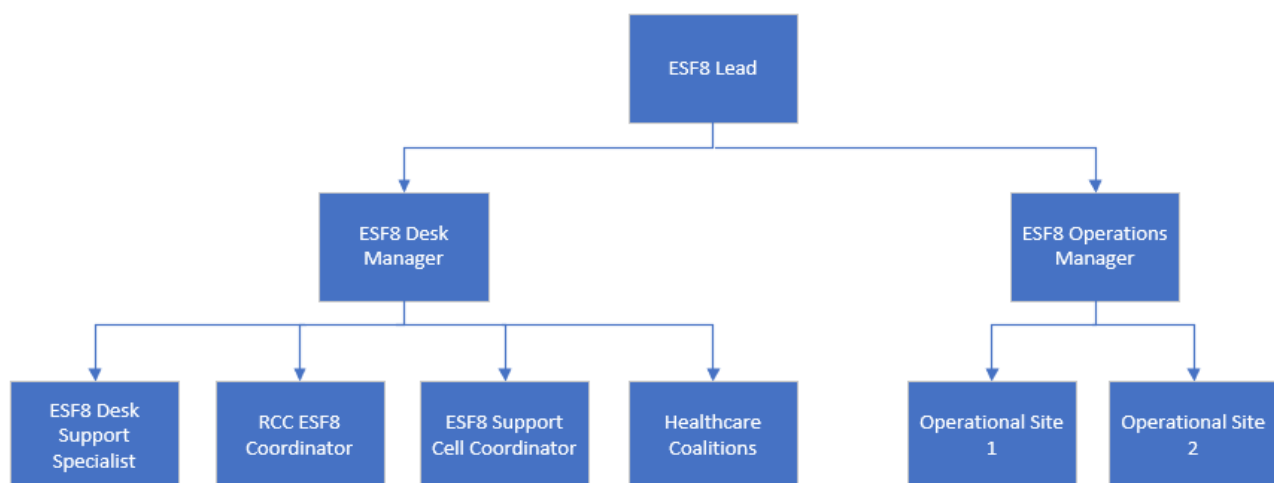
ESF8 Lead: Advises, sets priorities, and provides overall direction for ESF8 response and recovery activities. Represents ESF8 goals, objectives, and activities to local, state, and federal partners as part of the North Carolina SERT and authorizes the activation of state ESF8 resources. Coordinates with DHHS/NCOEMS Leadership, State Medical Response System, and NC SERT partners on the development and implementation of policies necessary to support ESF8 response activities and the release of information to the public.

SEOC ESF8 Desk Manager: Monitors available communication and information technology systems to maintain situational awareness of ESF8 response and recovery activities, refer to **EOP Appendix 5: Communications and Information Systems**. Develops situation reports and leads coordination calls for the purpose of sharing ESF8 situation and mission status information across ESF8 organizations and with local, state, and federal partners, as appropriate. Manages requests for ESF8 resources as necessary and in coordination with the ESF8 Lead, SERT-ESG Supervisor, and HPCs. The SEOC ESF8 Desk Manager works directly with the ESF8 Lead and is activated when assistance is necessary for developing situational awareness, managing resource requests, or coordinating the provision of ESF8 resource support with the Healthcare Coalitions (HCCs) and Regional Coordination Centers (RCCs). This position is usually at the SEOC to coordinate resources needed within an HCC as well as manage any resource requests assigned to the HCCs for support of needs outside their regions. The position coordinates in a similar way with RCC ESF8 Manager and also works to identify ESF8 resources that can be tasked directly to the RCCs for fulfillment of regional health and medical needs.

ESF8 Operations Manager: Ensures pre-deployment readiness and planning for potential ESF8 operational mission requests. Conducts assessments of need with requesting jurisdictions/organizations and advises ESF8 Lead on approval of operational mission requests. Oversees operational site(s) coordination (site assessment, site plans) with response partners. Ensures necessary mission support is coordinated with the ESF8 Desk Manager. Oversees site demobilization when indicated. The ESF8 Operations Manager is activated when there is the potential for the activation and deployment of SMRS operational units (e.g., SMSS, MDH, Patient Transfer Centers, etc.) to meet health and medical resource needs both within and outside of North Carolina. Once activated, this position coordinates all aspects of the deployment of SMRS operational units into the field. The position coordinates directly with the ESF8 Lead and SEOC ESF8 Desk Manager to identify necessary IMT personnel, staffing, and logistics resources. Once SMRS operations have been established, this position provides direct support and leadership to the deployed IMTs and coordinates further support through the ESF8 Lead and SEOC ESF8 Desk Manager.

ESF8 Desk Support Specialist: Assist the ESF8 Desk Manager in maintaining oversight and management of ESF8 responsibilities assigned as part of the SERT.

RCC ESF8 Coordinator: Responsible for coordinating disaster information pertaining to affected health and medical facilities and services and facilitating ESF8 mission support at the RCC level. Provides direction and support to ESF8 resources assigned to the RCC. Conducts medical resource tracking, advises medical resource allocation decisions, and assists with the coordination and resolution of operational issues between ESF8 agencies and government jurisdictions. RCC ESF8 Coordinator may be activated when it is anticipated that an area or areas within an NCEM Region (East, Central, West) may be affected by an emergency or disaster with the potential to overwhelm ESF8 resources there. The positions may be requested by an NCEM Regional Manager and assigned by the ESF8 Lead. Once

activated, RCC ESF8 Leads work closely with the SEOC ESF8 Desk Manager and, in some cases, the ESF8 Support Cell Coordinator to coordinate ESF8 resources in support of health and medical facilities or local ESF8 operations within the RCC.

ESF8 Support Cell Coordinator: Coordinates directly with the ESF8 Desk Manager and ensures all assigned tasks to the support cell are completed. Potential tasks include, maintaining situational awareness, managing resource requests, supporting field operations, coordination of patient transfer operations and the vetting of medical supply requests during medical logistics operations. The ESF8 Support Cell Coordinator is activated when the ESF8 Lead or SEOC ESF8 Desk Manager needs assistance with the support and/or coordination functions that cannot be easily conducted from within the SEOC (e.g., SMSS patient movement coordination, etc.). Once activated, this position works directly with the ESF8 Desk Manager to define the staff and schedule necessary to support the situation. Once established, this position coordinates all aspects of the roles/functions assigned to the ESF8 Support Cell and works directly with the SEOC ESF8 Desk Manager to ensure that the needed support is provided.

Coordination: Personnel filling the roles listed above provide the leadership framework for ESF8 response and recovery actions in North Carolina. Although the situation will dictate the extent in which these positions are activated, the ability of the personnel in these positions to work together in an efficient manner is essential to the success of the ESF8 response. In the initial phases of a response, the ESF8 Lead may fulfill all the roles listed above but, as health and medical needs become better defined, the ESF8 Lead will activate one or more of the other leadership positions until, if necessary, all are active parts of the ESF8 response. These positions may be physically located at the SEOC, the Support Cell, Operational Sites and/or filled in a remote capacity depending on the situation.

Support for NCOEMS Coordinated Operational Sites: All established ESF8 field operations require support to help manage or provide direction for meeting operational and logistical needs that arise during deployment.

- Operational needs may include areas such as staffing, patient care, and the integration of ESF8 field operations with existing local health and medical operations.
- Logistical needs may include areas such as the resupply of medical equipment and supplies, establishment of IT and security support from partner organizations, and the integration of local services such as waste management, material handling, transportation, and janitorial services.

When ESF8 field operations have been established, support for all needs should be entered into WEBEOC by onsite staff and routed to the ESF8 desk for review and assignment. The assigned Incident Management Teams (IMTs) are expected to communicate their operational and logistical needs to the ESF8 Operations Manager.

Chain of Command: A clearly defined chain of command is necessary to ensure continuity of health and medical operations in response and recovery from emergency events and disasters. During these times, it is important that the line of succession be based on the knowledge, skills, and abilities of individuals and the established disaster response structure. For these reasons, once activated the following chain of command will be established:

1. ESF8 Lead
2. ESF8 Operations Lead
3. SEOC ESF8 Desk Manager
4. ESF8 Support Cell Coordinator

As needed ESF8 field operations are stood up, NCOEMS staff may be assigned many different roles within them to meet ESF8 mission requirements as part of the SERT. Each role includes a range of responsibilities necessary to ensure that the organization fulfills its operational or support mission successfully. **Refer to EOP Appendix 6: Organization and Assignment of Responsibilities** which provides additional information covering ESF8 organization by activation level, and responsibilities of staff assigned to the State EOC and Support Cell roles.

Demobilization

As response objectives are achieved and the emergency event or incident comes under control, Incident Command/emergency management leadership, in coordination with ESF8 leadership and representatives, will direct the demobilization of personnel and assets on-scene, at Regional Coordination Centers and the SEOC. **Refer to EOP Appendix 7: Demobilization SOG** for additional information covering the processes and procedures for the demobilization ESF8/SMRS operational and operations support organizations and teams.

Capabilities

Administrative Preparedness: Addresses the ability to conduct and maintain administrative functions
necessary for the execution and proper documentation of ESF8 emergency response and recovery operations. Provides guidelines and information including the recording of responder time and activities, emergency purchase processes, and FEMA reimbursement. **Refer to HOLD PLANNED FUTURE ANNEX**

Healthcare System Recovery: Addresses the strategic priorities, organization, and concept of
operations for recovery activities supported by the State Medical Response System necessary to provide continued delivery of essential healthcare services after a disaster or emergency. **Refer to ANNEX B: HEALTHCARE SYSTEM RECOVERY for specific plans and information utilized to meet this capability.**

Medical Surge: Addresses the ability to provide adequate medical coverage during incidents that
severely challenge or exceed the normal medical infrastructure of an affected community (through numbers *or* types of patients). Covers plans and guidelines for support of the healthcare system during incidents resulting in medical surge conditions. **Refer to ANNEX C: MEDICAL SURGE for specific plans and information utilized to meet this capability.**

Patient Movement: Addresses the ability to triage and place patients in appropriate receiving
facilities and develops a structure for the coordination of transportation for patients. Covers plans and processes for state-coordinated patient movement when local jurisdictions require regional, state, or federal assistance to manage patient movement including evacuation of existing healthcare facilities.

Refer to ANNEX D: PATIENT MOVEMENT for specific plans and information utilized to meet this capability.

Healthcare Preparedness Program Continuity of Operations: Addresses the implementation and management for the Healthcare Preparedness Program's Continuity of Operations. This plan outlines the essential functions of the program and plans to ensure their ability to be maintained during various emergencies and disasters. **HOLD PLANNED FUTURE ANNEX**

Situational Awareness & Information Sharing: Addresses the ability to provide and maintain situational awareness and share information regarding ESF8 response/recovery operations during an emergency or disaster. Covers guidelines for the collection and dissemination of information, use of briefings and conference calls, and use of messaging systems. **Refer to ANNEX F: SITUATIONAL AWARENESS & INFORMATION SHARING for specific plans and information utilized to meet this capability.**

Healthcare Services in Shelters: Addresses the ability to maintain continuity of healthcare through the establishment, operation, and/or support for healthcare services in state-run shelters. Covers plans and guidelines for State-Operated Shelters (SOS) and State Medical Support Shelters (SMSS). **Refer to NCOEMS ANNEX G: HEALTHCARE SERVICES IN SHELTERS for specific plans and information utilized to meet this capability.**

State Medical Response System: Addresses the ability of the North Carolina State Medical Response System to support overwhelmed healthcare infrastructure by supplying the necessary equipment, assets, and/or personnel needed to provide medical care during emergencies and disasters. Covers plans and guidelines for the components of the State Medical Response System (SMRS). **HOLD PLANNED FUTURE ANNEX**

NCOEMS Emergency operations Plan (NCOEMS – EOP)
APPENDIX 1: Shift Duty Officer standard operating guideline
October 2023

Table of Contents

Purpose

To ensure the efficient provision of emergency medical support and direction in response to emergent events with the potential for affecting the health and medical welfare of North Carolina residents and visitors.

Scope

This SOG identifies the primary on-call staff, defines on-call duty, and outlines the initial actions of these individuals upon notification of an incident in which NCOEMS is a lead or supporting agency.

Operating Guideline

The Shift Duty Officer (SDO) will be available 24/7 to provide support, as requested, for emergency activations or responses across the state and to acknowledge and respond to requests for information. The SDO will be available via phone and email:

- Phone: 919-855-4687
- E-Mail: DHSR.NCOEMS.SDO@dhhs.nc.gov

The Admin on Call (AOC) is a leadership position to provide internal direction, advice, support, and backup for the SDO in a 24/7 capacity.

General Duty Responsibilities

- The expected response time to messages is within 15 minutes. Greeting messages on phones utilized during SDO duty and which may be received by callers contacting the SDO for assistance must, at a minimum, confirm that the caller has reached an HPP staff member and that their call will be returned as soon as possible.
- Staff scheduled for duty must be able to maintain availability to meet response time expectations. For this reason:
    - Staff scheduled to be out of state during their rotation cannot serve as SDO.
    - Staff that are committed to activities that may temporarily cause them to be unable to meet the expected response time (e.g., training, conference presentations, etc.) must coordinate with other HPP SDO staff to temporarily cover the duty and notify the AOC.
- SDO will contact the AOC if assistance is needed in responding to a request for support or if there may be an unforeseen break in coverage of the SDO phone.
- When the response to ongoing incidents results in the activation of the State EOC, the SDO may be responsible for the initial opening of the ESF8 Desk:
    - During major activations (24/7 operations), the SDO, should be integrated into the regular NCOEMS staffing plan for the SEOC and the SDO line transferred to the ESF8 Desk with all responsibilities for the SDO integrated into the ESF8 role.
    - During minor activations (daytime operations) or during planned activities (exercises, etc.), the SDO should not be integrated into the staffing plan for the SEOC, when possible, and should expect to maintain their responsibilities as SDO outside the State EOC
    - If due to low staffing it is not possible for the SDO to maintain their role separate from the SEOC the staffing plan should consider rotation of the ESF8 desk and SDO

responsibilities to ensure that staff receive adequate time away from being in response mode

Staffing

1. SDO duty will rotate between identified staff every week on a schedule maintained by the HPP Program Manager or their designee. All changes to the established shift schedule due to illness, previous commitments, or other reasons will be coordinated through the AOC and are the responsibility of the SDO to coordinate coverage.
2. AOC duty will rotate between the HPP Program Manager and the HPP Operations Manager every four (4) weeks on a schedule maintained by the HPP Program Manager or their designee.

Shift Times & Shift Change

SDO shifts will run over a one-week period and AOC shifts will run over a four-week period. Shift changes will take place every Monday at 0900. At that time, the SDO coming off shift is responsible to:

- Provide an informal briefing to the oncoming SDO. At a minimum this briefing should outline any ongoing responses that required SDO action and include:
  - Emergency medical resources alerted/activated (organization, type, and quantity)
  - Date/time of activation/response, SDO actions, and resolution
  - Current situation and any required follow-up actions for the oncoming SDO
- Provide any documents, maps, etc. to the oncoming SDO that are pertinent to current activities.

The SDO coming on shift is responsible to:

- Forward the SDO phone - (919) 855-4687 – to their NCOEMS-issued mobile phone. The SDO phone is in the Wright Building. Test the SDO line to ensure that it is working appropriately after the transfer.

Situational Awareness and Reporting

During the duty period the SDO is expected to maintain situational awareness through the active monitoring of:

- All phone calls and email to the SDO contact number and email address. Overnight (1700-0800) the SDO can shift to phone only monitoring.
- The SDO is also expected to always maintain access to the VIPER 800MHz radio system.
- ReadyOp will be utilized for formal situation reporting purposes. Situation reporting forms (i.e., SDO Notification forms) are specific for each Healthcare Coalition (HCC) and found under the Forms tab of each HCC's ReadyOp page.
- Situation reporting will be coordinated between the SDO and the affected Healthcare Preparedness Coordinator (HPC) or their designee. In general, when notification of an incident or request for support originates with the SDO, the SDO will be expected to initiate and update situation reporting. When an incident notification or support request originates with an HPC, they will be expected to initiate and update situation reporting.

Resources: The SDO should be provided/have access to and may utilize the following equipment and supplies in performance of their duties.

Communication:

- Portable VIPER 800mhz radio with charger and extra battery
- NCOEMS-issued smart phone with car and wall chargers.
- GETS card.

Transportation:
- NCOEMS staff vehicle with portable VIPER capable radios and plug-in power inverter (for running laptop, etc. off vehicle battery)

Operation:
- NCOEMS-issued laptop with appropriate emergency management programs and applications and chargers.
- NCOEMS-issued Wi-Fi-enabled hotspot or smart phone with chargers.
- Plans/access to plans, paper, pens, calculator, and other supplies necessary for planning and reporting

Notification and Initial Actions

Notification for emergent or potential incidents involving emergency response may be via:

1. NCEM 24-Hour Operations Center/Warning Point – (Usually a notification of a potential incident and delivered via e-mail)
2. NCEM Emergency Services Group Supervisor of the State Emergency Response Team (SERT) – (Usually a notification of an emergent incident and delivered via phone call or text)
3. Regional Healthcare Preparedness Coordinators – (Usually a phone/email/ReadyOp notification of an issue that the HPC is already involved with and foresees the need for additional support)

Upon receiving notification of a potential or actual incident or request for support through one of these routes, the SDO is expected to assess the need and determine what type of action is necessary, if any.

- If no state resources are requested and there are no expected changes to the situation (i.e., train struck a pedestrian and the situation has ended) acknowledge that the notification has been received and take no further action.
- If no state resources are requested but there is a potential for a change in the situation thereby necessitating resources in the future (i.e., A skilled nursing home has lost power and county emergency management is investigating the need for HVAC/Generators), acknowledge that the notification has been received and:
  - Forward the notification and information to the Healthcare Preparedness Coordinator (HPC) responsible for the affected facility/jurisdiction for their awareness (Note: If a hospital system is involved, similar notification should be made to the HPC associated with that hospital system. The SDO may ask the regional HPC to make this additional notification.)
  - Submit an initial situation report in ReadyOp for the affected HCC.
- If the notification is for the coordination of health and medical resource support, acknowledge that the notification has been received and:
  - Contact the Healthcare Preparedness Coordinator (HPC) responsible for the affected facility/jurisdiction and/or utilize the on-call number for the HCC found in ReadyOp.
  - Ensure the HCC is willing and able to handle the request for assistance. If they are unwilling/unable, then contact the HPP Program Manager or designee for additional support.

- Forward the notification and information to the HPC or their designee responsible for the response and request that they:
    - Verify the reported information with local partner organizations to confirm what is needed,
    - Utilize HCC resources to meet the requested need (this includes resources from other HCCs)
    - Provide initial situation report back to the SDO within 30-60 minutes or when reasonably able to do so via ReadyOp, Text, Phone or Email.
    - Post situation reports in ReadyOp utilizing their HCC-specific SDO Notification form every 8-12 hours depending on the situation. For quickly evolving situations the need may be more frequent and may be provided via ReadyOp, Test, Phone or Email.
- Maintain contact with HCC designee, monitor email for ReadyOp situation updates, and be available to expand/support HCC requests.
- Submit initial situation report/update in ReadyOp for the affected HCC within first 60-90 minutes based on the information provided by the HCC designee and other official sources to, at minimum the:
    - Activated HPCs, and
    - Regional NCOEMS Manager for the affected location
    - Ongoing Situation Reports should be sent out every 8-12 hours based on the situation. For quickly evolving situations the need may be more frequent.
- If the notification is for the coordination of health and medical resource support, and the HCC designee has determined that the need is greater than what the HCC of the affected facility/jurisdiction is capable of handling with the resources available:
    - Notify the HPP Program Manager, or their designee, to provide a brief situation report, discuss the situation, and coordinate further action including, if necessary:
        - Activating additional HPP/HCC staff and assets
        - Activating the NCOEMS-HPP EOP or other plans
        - Request posting a separate event in NCSPARTA WebEOC

NCOEMS Emergency operations Plan (NCOEMS – EOP)
APPENDIX 2: ESF8 State EOC Activation Checklist
October 2023

Notification of Activation Received from NCEM

This checklist is specifically created for when NCOEMS receives notification that the SEOC/SERT is activating and NCOEMS is expected to staff the ESF8 Desk physically or virtually. Notification of an activation is typically received by email in advance of an anticipated incident but can occur without notice with an immediate response to the SEOC expected. The tasks listed below should be considered as the initial items necessary at the time the activation is received. Consideration for virtual staff to support these tasks should also be considered.

Initial SEOC Activation Items

- ✓ *Acknowledge Activation from NCEM*
- ✓ *Determine Initial Staffing Plan*
    a. Responsibility of the ESF8 Lead or designee with an initial 72-hour staffing plan. Staffing plan should be sent to NCEM Emergency Services Group (SERTEmergencyServices@@ncdps.gov) with NCOEMS SDO Email Copied (DHSR.NCOEMS.SDO@dhhs.nc.gov)
- ✓ *OEMS Admin Creates Folder in OwnCloud specific for this incident and shares with OEMS Response group.*
    a. This folder is used to organize situation reports, staffing plan, and other response specific documents for easy reference and recall.
- ✓ *Activation Email to OEMS staff to request availability from all staff.*
    a. Detail on reason for activation
    b. Date and time of initial activation
    c. Initial staffing plan
    d. For any response the staff should be polled for availability to support the activation. Some of these positions may be remote or physical depending on the size of incident and anticipated need. Initial availability should be for 1 week. For larger incidents we typically poll for 2 weeks.
        i. Consider text message to staff about activation through ReadyOp to increase awareness of activation and need for staffing availability.
- ✓ *Initial Activation Email to Regional HPC List-Serv & Partner Agencies*
    a. Detail on Reason for Activation
    b. Date and time of initial activation
    c. Anticipated Timeline for more information to be released.
    d. Direct to Website for more information
- ✓ *Update ReadyOp forms and Dashboards*
    a. Patient Movement (Hospital & SMSS)
        i. Planning Form
        ii. Individual Form
        iii. Bulk Upload Form & Template
    b. Transport & Tracking
        i. Transportation Resource Form
        ii. Resource Assignment & Tracking Form
    c. SMSS Intake Forms – one per anticipated shelter
    d. Essential Elements of Information

     i. Pre-Incident
     ii. Post-Incident
   e. 214
   f. Situation reports
   g. Quick AAR form
   h. Unusual Event Report
   i. Daily Schedule Updated
   j. Operational Site Info Sheet

✓ ***Update Website***
   a. Put announcement about activation on the main page.
   b. Create a page specific to this activation and ensure all links for ReadyOp forms needed by partners are linked.
   c. Details on Activation
   d. Guidance as Appropriate

✓ ***Activation Email to Regional HPCs***
   a. Detail on Reason for Activation
   b. Date and time of initial activation
   c. Initial staffing plan
   d. Links & Website Details for Sharing with Partners
   e. Request all Healthcare Coalitions update their Mission Ready Packages in ReadyOp ASAP with set deadline (e.g., 4 hours)
   f. Healthcare Coalitions are requested to begin coordination with their regions:
     i. Information Sharing – setup coordination calls
     ii. Request for Counties / Hospitals to complete SMSS and Hospital Planning Forms if Anticipated Need
     iii. Situation Reports are due to ESF8 desk via ReadyOp at 1730
     iv. Poll their stakeholders for any potential resources needs/concerns.
     v. Poll for available personnel and assets that can be deployed.
     vi. Pre-Incident Essential Elements of Information (if applicable)

✓ ***Update DHHS Email List Servs (see Annex F)***
✓ ***Schedule Coordination Call Cadence***
   a. OEMS Response Staff Call (1330)
   b. Healthcare Coalition Regional Call (1000)
   c. Other potential calls (Region IV, SEOC etc.)

✓ ***Update ReadyOp Contacts (agency 13)***
✓ ***Forward SDO Phone to SEOC***
✓ ***Build SEOC Schedule and post in ownCloud response folder & email to ESG, staff etc.***
✓ ***Turn off forwarding of phones at SEOC.***
✓ ***Start Importing Mission Ready Packages***

NCOEMS Emergency operations Plan (NCOEMS – EOP)
APPENDIX 3: ESF8 SEOC/Support Cell Staffing and Sustainment SOG
October 2023

Table of Contents

Scope

These guidelines cover the development and dissemination of staffing plans, notification of activated

personnel, battle rhythm, and the sustainment of ESF8 SEOC/Support Cell operations over a 24-hour schedule.

Staffing Plans

Once activation is decided, the ESF8 Lead, or their designee, will be responsible for the development, dissemination, and management of the Staffing Plan for the SEOC ESF8 Desk, Support Cell, and other ESF8 operational locations. Staffing plans should be initiated and completed as soon as possible after notification of an event/incident that may result in the activation of the SEOC ESF8 Desk. Initial staffing plans should cover the first 72 hours of operations and should be provided to the SERT-ESG Supervisor when requested.

Staffing Plan Development:

The following planning factors need to be considered in the development of any staffing plan:

- Personnel: The NCOEMS staff listed below should be considered first for positions upon initial activation. If additional personnel are needed to meet staffing requirements, it should be coordinated between the ESF8 Lead, or their designee, and the appropriate manager.
    - NCOEMS Shift Duty Officers
    - NCOEMS Managers,
    - Other staff meeting NCOEMS training requirements in the Training, Exercise, Response Management System (TERMS)
- Staffing Levels: Will vary according to the situation and NCOEMS Activation Level. Once established, levels may be adjusted by the ESF8 Lead or their designee.
- Rotation: Once established, the staffing of the SEOC ESF8 Desk will rotate on a schedule maintained by the ESF-8 Desk Manager or their designee.
- Shift Times: SEOC ESF8 Desk Shift times will vary according to the situation. The first hour of every shift will be used to brief and orient oncoming personnel to the current operational situation and mission support issues. In general:
    - 12-hour Operations:
        - Day shift - 0700-1900
    - 24-hour Operations:
        - Day shift – 0600-1600
        - Swing shift - 1200-2200
        - Night shift - 2100-0700

Staffing Availability Survey and Plan

Utilizing the ReadyOp program (https://nc.readyop.com/), the ESF8 Desk Manager, or their designee, will develop a survey to capture personnel availability (refer to ReadyOp User Guide). The survey will be disseminated via email to NCOEMS deployable personnel (DHSR.EMS.ESF8@lists.ncmail.net) and the results of the survey will be used to develop the staffing plan. Staff sending the survey should monitor ReadyOp for returned availability surveys. The content of surveys will vary depending on the situation, but the survey and the resulting staffing plan should include the following essential elements of information:

- Incident/Event Name
- Date Prepared
- Staff Name (Full Name)
- Staff Contact Information (Phone, E-mail, etc.)

- o Day (of week) and Date (Month/Day) staffing is needed.
- o Shift Times
- o Comments (issues affecting availability, optional)

Staffing Plan Dissemination

Staffing plans, once complete, should be posted to ownCloud and emailed to:

1. DHSR.EMS.ESF8@lists.ncmail.net
2. DHSR.OEMS.Regional.HPP@lists.ncmail.net
3. SERTEmergencyServices@ncdps.gov

Any incident specific information (reporting time, location, applicable maps, meal plan and specific equipment that may be required etc.) should be emailed out with the staffing plan. A map to the SEOC is listed at the bottom of this plan for individuals that may not be familiar with the location.

Staffing Plan Management

Once staffing plans have been developed and disseminated, SEOC ESF8 Desk staff will update and/or initiate the extension of these plans as necessary beyond the initial 72-hours of response/recovery operations or to otherwise meet the requirements of the situation. Update and expansion of these plans will be conducted in coordination with the ESF8 Lead or their designee.

BATTLE RHYTHM: The schedule for ESF8 operations (e.g., personnel work shifts, times for situation reporting and conference calls, etc.) will be determined by the ESF8 Lead. Once determined, selected ESF8 Desk staff will be responsible for managing and maintaining the established battle rhythm, refer to Operational Activity and Reporting Schedule below.

Operational Activity/Reporting Schedules NCOEMS State Emergency Operations Center (SEOC) Schedule Day Shift: 0600 – 1600; Swing Shift: 1200 - 2200, and Night Shift: 2100 - 0700	
ESF8 Desk/Support Cell Schedule	
0700	ESF8 Sit-Rep/NCOEMS objectives information due to SEOC ESF8 Desk Rep. Reports assembled. Conduct shift change.
0900	SERT Shift Briefing
0930	ESF8 Situation Report completed, forwarded to SERT ESF Supervisor, Regional HPC List-Serv, OEMS Response Staff and partners.
1000	NCOEMS Conference Call with SEOC ESF8 Desk Representative, regional healthcare coalition staff, and invited ESF8 partners. Led by ESF8 Lead, ESF8 Operations Manager or designee
1330	NCOEMS all Staff Call
1700	SERT Shift Briefing
1830	ESF8 Situation Report completed, forwarded to SERT ESF Supervisor, Regional HPC List-Serv, OEMS Response Staff and partners.

Sustainment of SEOC Operations

STAFFING: During 24-hour operations the acting ESF8 Lead may adjust the staffing levels of active sections in consideration of the activation level and their judgment of the operational situation.

SHIFT CHANGES: Staggered shifts support operational continuity and the accurate transfer of operational information within each active section. To facilitate this, each active section must maintain a situation report and, in preparation for a shift change, the ESF8 Desk Manager, ESF8 Support Cell Coordinator, or other staff designated, will:
- Update the Situation Report in ReadyOp
- Brief the updated Situation Report to on-coming staff and ensure that on-coming staff are aware of:
    - Current operational schedule
    - Past missions, open missions, and planned missions
    - Open actions, deadlines, and expectations
    - Anticipated staffing requirements

EQUIPMENT & SUPPLIES: Staff are expected to utilize equipment regularly assigned to them (e.g., laptops, smart phones, radios, vehicles, etc.) during their active shifts. Staff should notify the ESF8 Desk Manager or ESF8 Support Cell Coordinator, as appropriate, for any additional equipment or supply needs. Requests for resupply will go through the NCOEMS administrative staff and follow established NCOEMS procedures as appropriate.

MEALS & LODGING: These services may need to be coordinated and provided for SEOC and Support Cell staff involved in extended or 24-hour operations. Typically, NCEM Logistics provides meals for all staff working at the SEOC without formal request. However, meals for staff working at the Support Cell and lodging for staff at both locations usually require a formal request from the ESF8 Desk. In these situations, the ESF8 Desk Manager and ESF8 Support Cell Coordinator, in coordination with the ESF8 Lead, are expected to arrange for meals and/or lodging for staff through the ESF8 Desk. ESF8 Desk will coordinate with NCEM Logistics to provide these services.

The Wright Building provides designated areas for meals, food storage (dry, refrigerated), and food preparation (cook, reheat, water, and beverage ice), personal care (sink, toilet), and facility maintenance (mop sinks).

FACILITIES: The sustainment of operations at the SEOC and Support Cell are dependent on 24-hour access to secure work areas with adequate space and personnel support facilities (kitchen, showering, sleeping, etc.), and the continued function of communication (internet, radio, cell, etc.) and utility systems (power, water, HVAC, etc.) provided at the Joint Force Headquarters and Wright Building respectively. The amenities provided by the Wright Building and the Joint Force Headquarters (maintained by NCEM) support most of these needs however, food services are not available at the Wright Building, and specific areas for lodging (e.g., showering and sleeping) are not available at either location. If needed, these services should be coordinated through NCEM Logistics, refer to Meals & Lodging above.

Support Cell Facility Sustainability Matrix
The capabilities and limitations of the Wright Building for sustainment of 24-hour operations are provided in the matrix below. The matrix identifies essential operational and utility systems, their

purpose/service, vulnerability to power outage, and contacts for maintaining these systems during operations.

Resource	Type	Service	Notes	Back-Up Power
Back-Up Power Sources	Generator	Equipment on red electrical outlets Rooms: 107 (Support Cell) & 124 lighting Building emergency lighting UPS (connected to red outlets)	Dedicated to building Starts automatically when power drops. Run time: 1 week, tested monthly No local access.	Fuel
	UPS (Battery)	Local Area Network (D wall jacks) VIPER Control Station Satellite phone system	Comes on at power loss before generator starts up. Run time: 14 minutes	N/A
FAX	Standard Send/Receive unit	Normal, non-secure facsimile transmission	Located in room 129	No
HVAC	Complete air handling system with AC and heat	Services entire building.	Dedicated to building, controls housed locally but local temperature control limited and system access restricted	No
Local Area Network	Servers	Internet access including access to remote internet servers (UNC). All local network operations for computers and printers	Located in the Harvey building. Dedicated back-up power system provided by UPS and generator	Yes
	LAN Switch	Connect servers, computers, and printers in the network.	Located in Room 137	Yes
	Computers	Use of internet/cloud-based services	Multiple units individually assigned.	Yes, if: Plugged into a red outlet or with battery.

		Local data handling, data storage (local drives)	Additional units dedicated to the Support Cell (Room 107) are available.	
	Network Printers	Printing (b/w and color), copying, scanning	Located in rooms 121, 123, 129, and 139.	No
Radio Comms Systems	VIPER Control Station	Allows connection with VIPER medical network talk groups	Located in room 137, remotely controlled from Room 124	Yes
Telephone Comms Systems	Voice Over IP	Primary telephone communication system for the Support Cell	Accessed through D wall jacks. Available in all offices, work areas, & conference rooms.	No
	Copper Wire Phone	Secondary telephone communication system for the Support Cell	Located in Support Cell (Room 107) and accessed through wall jack V9. Requires pulse-dial telephone to operate. Pulse-dial telephone stored in Room 124 (Comm.) Service runs through line from FAX machine in Room 129.	
		Tertiary telephone communication system for the Support Cell	Active unit in Communications Room (Room 124)	
	Satellite	Allows for communication with regional offices and disaster scenes where satellite units have been deployed and HCC regions	Regional units are not live and must be notified with activation instructions.	Yes
Water	Municipal Water Supply	Services entire building.	Steam Plant provides hot water campus-wide. No local control.	No

Emergency support or facility maintenance for the above items should primarily run through normal processes as outlined below:

1. Power, Utilities and HVAC:
    a. Normal business hours: DIX Facility Maintenance (919) 855-4740
    b. After hours: State Capitol Police (919)733-3333
2. Local Area Network, Telephones (exception Satellite phones), Fax lines:
    a. Normal business hours: Service Now Ticket:
       https://ncgov.servicenowservices.com/sp_dhhs
    b. After hours: Elevate request through ESF8 Lead to NC DHHS Leadership for support.
3. Radios & Satellite phones:
    a. Normal business hours & After hours: NCOEMS Communications Director (919) 855-3955

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)
APPENDIX 4: MEDICAL RESOURCE MANAGEMENT STANDARD OPERATING GUIDELINE
OCTOBER 2023

Table of Contents

Purpose

To provide greater understanding of the processes and procedures for handling requests for ESF8 resources.

Scope

Requests for resource support (personnel, equipment, supplies) can come to staff assigned to the ESF8 Desk or Support Cell through different pathways and may require different actions to manage and ensure that resources are delivered as quickly and efficiently as possible. The processes outlined here cover requests for resources during a statewide activation.

Resource Request Process

In most cases, the management of resource requests from receipt to closeout will be documented in the Resource Request Form (RRF) on the Resource Tracker Board of the NCSPARTA WEBEOC system.

Origin	• An event/incident occurs or is anticipated to occur
Request	• Resource requested from local EM, RCC or Operational Site
Routing	• Request is routed to RCC, to SEOC, to Emergency Medical Services
Vet/Verify	• ESF8 Desk staff vet and verify with requesting agency
Approval	• Review resource request with ESF8 Lead or designee
Identify	• Review available ReadyOp SERT Inventory
Deploy	• Deploy available ReadyOp SERT Inventory
Track	• Track Resource Request to completion
Demob	• Demobilize resources no longer needed

General Procedures

The following procedures outline the steps that should be taken by ESF8 staff to manage medical resource requests assigned to ESF8:

Origin of Need

- An event/incident occurs or is anticipated to occur, that requires additional resources beyond the local capability. Local officials activate existing mutual aid agreements.

Resource Requested

- Local Emergency Management will request additional resources through NCSPARTA WEBEOC to their Regional Coordination Center. Regional Healthcare Preparedness Coalitions (HCC) may request additional resources to support the Healthcare System if the Local Emergency Manager is unable or unwilling to enter the request. Local Emergency Managers should be made aware of all requests entered by the HCCs on behalf of their county.
- Regional Coordination Center will request resources on an ICS 215 in NCSPARTA WEBEOC in anticipation of potential needs and/or to fulfill local county requests within their region.
- NCOEMS Incident Management Teams needing support should enter the resource request into NCSPARTA WEBEOC with details on the resource needed and routing instructions to assign to Emergency Medical Services.
- State EM is responsible to coordinate ESF8 resource requests from other North Carolina State Agencies, requests from other states and/or federal support requested through FEMA, these resource requests will be routed from NCEM ESG to Emergency Medical Services

Resource Routing

- Regional Coordination Center (RCC): NCEM RCCs receive the initial resource request from county partners to fill the request based on their available resources (regionally owned assets or assets that have been pre-deployed to the RCC). If no resources are available, then the request will be routed to the State Emergency Operations Center (SEOC).
- SEOC: SERT-ESG Supervisor reviews the resource request and makes appropriate assignment.
- Emergency Medical Services: Healthcare support resource requests are assigned to Emergency Medical Services in NCSPARTA WEBEOC for processing.

Resource Vetting & Verifying

- Determine if resource request should be handled by ESF8 Desk
  - If yes, continue the vetting process.
  - If no, make notation in NCSPARTA WEBEOC and "Assign to Lead."
- Vet the need and purpose for the resource requested with Requesting Agency
  - Determine current situation.
  - Determine the gap needing to be filled.
  - Identify other potential mitigating factors.
- Confirm NCSPARTA WEBEOC request details with Requesting Agency
  - Number and kind of resource
  - Use of the resource
  - Days of deployment
  - Reporting location/time

- o Point of Contact (POC) at location (name/contact info)
- o Logistics (food/lodging/fuel)
- o Any additional relevant information

ESF8 Lead Resource Approval

- Review resource request with ESF8 Lead or designee.
  - o Consider the situation and known / anticipated ESF8 needs or obligations.
  - o Determine if resources are readily available.
  - o If resource request is approved, update notes in NCSPARTA WEBEOC and move to identify resource.
  - o If resource request is not approved, notify ESG Lead.

Resource Identified

- Review available inventory in ReadyOp to determine if resource is already activated and readily available for deployment.
  - o Section 7, Mission Ready Packages, for SMRS-maintained resources
  - o Section 13, Emergency Operations Plans, Transportation Resources Form, for EMS-maintained resources (e.g., ambulance units)
    - ▪ If yes, proceed to resource deployment.
    - ▪ If no, consider direct coordination with SERT Partners (DPH, OSFM, Business EOC, Logistics, etc.) that may have resources that would meet the request.
      - If SERT Partners have the resource available, add comment in NCSPARTA WEBEOC indicating a reassignment to the specific SERT partner along with a brief summary of communication regarding resource request. Change resource request to "Assign to Lead."
      - If no SERT Partners have the resource, discuss with ESF8 lead the possibility of EMAC or Federal contracts for fulfillment of resource request.

Resource Deployment

- Upon confirming that a resource is available for deployment:
  - o Contact the associated Healthcare Coalition and/or the organization providing the resource to confirm the assignment.
  - o Update the status of the resource in ReadyOp and update the resource request in NCSPARTA WEBEOC, and complete ICS 204 if appropriate.
    - ▪ In ReadyOp:
      - For EMS resources (Emergency Operations Plans (13)): Update the assignment status of the available resource to "Assigned."
      - For all other resources (Mission Ready Packages (7)): Update the resource status to "Deployed."
    - ▪ In NCSPARTA WEBEOC:
      - Change status to "In Progress"
      - Add any notes concerning the deployment into the Notes section.
      - Assign the resource to the appropriate Emergency Services User
- The Emergency Services User is responsible for status updates for deployed resources by entering notes in NCSPARTA WEBEOC and statuses in ReadyOp.

Resource Tracking

- The ESF8 Desk is responsible for monitoring resource statuses in NCSPARTA.
    - Assigned to User – ESF8 Desk should act within 30 minutes of assignment.
    - In Progress – ESF8 Desk should review at least once per shift to track progress of assigned resource / team / contract to resolution.
    - Need More Information – ESF8 Desk should act within 30 minutes of assignment.
    - Information Added – ESF8 Desk should act within 30 minutes of assignment.
    - Enroute – ESF8 Desk should monitor to track progress of assigned resource.
    - On Scene – ESF8 Desk should monitor to track progress of assigned resource to replace or demobilize. If resource needs to be replaced, then the process should start at resource vetting and verifying.
- Any outstanding resource requests should be relayed at shift change to ensure ongoing resolution.

Demobilization

- Once a resource is no longer needed for original resource request then a determination should be made by ESF8 Lead if the resource should be reassigned to another request or returned to staging. If yes, refer to resource identification step, if no, then refer to **EOP Appendix 7: Demobilization SOG** for additional information covering the processes and procedures for the demobilization ESF8/SMRS operational and operations support organizations and teams.

Resource Request Routing Flowchart
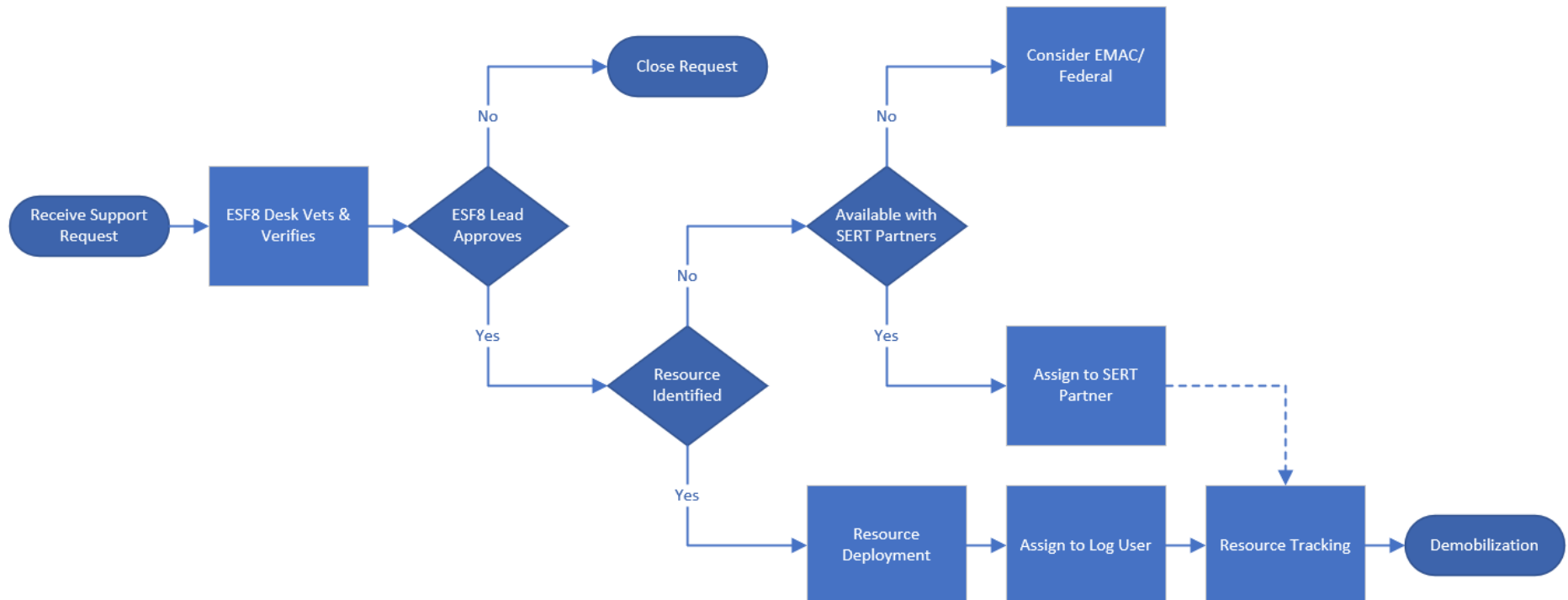
Emergency Management Assistance Compact (EMAC)/FEDERAL Resource Requests

The general process for the ESF8 "EMAC" or Federal Resources is diagramed below:

ESF8 Lead
- No local or state resources available, consider EMAC or Federal Request. Discuss available resources with Region IV partners & Regional Emergency Coordinators.

NCEM ESG
- NCEM ESG is made aware of need for EMAC/Federal Request and discusses with NCEM Operations Chief

ESF8 Lead
- EMAC Resource Request Information form is completed with necessary details on resource being requested and entered into NCSPARTA

NCEM
- EMAC Request entered into portal. If specific out of State resource is being requested, notify that State ESF8 partner of request into EMAC portal.

ESF8 Lead
- Review EMAC offers received by NCEM Logistics and determine if resource is available in timeframe needed.
- If yes, request approval for EMAC mission.
- If, no consider federal resources. Discuss available resources with ASPR Regional Emergency Coordinators.
- If resources are available then complete the Resource Request Form (RRF) and submit in NCSPARTA.

ESF8 Desk
- Once resource has arrived in staging they should be added to the ESF8 SERT Inventory in ReadyOp and are considered available for state deployment under normal processes

NCOEMS Emergency operations Plan (NCOEMS – EOP)
APPENDIX 4: **TAB 4A:** GUIDELINES FOR MANAGING RESOURCE REQUESTS IN WEBEOC
September 2023

Purpose: To provide guidance to staff covering the processes of entering them into the WebEOC Resource Tracker board and vetting resource requests assigned to ESF8.

Entering Resource Requests

NOTE: Prior to beginning the request all information necessary for completion must be verified with the requestor/requesting agency.

1. **Access WebEOC:**
   a. Username: Enter username
   b. Password: Enter password, **click Log In**
   c. Position: Dropdown menu pre-set to Emergency Medical Services
   d. Incident: Click dropdown menu and select incident and, **click Continue**
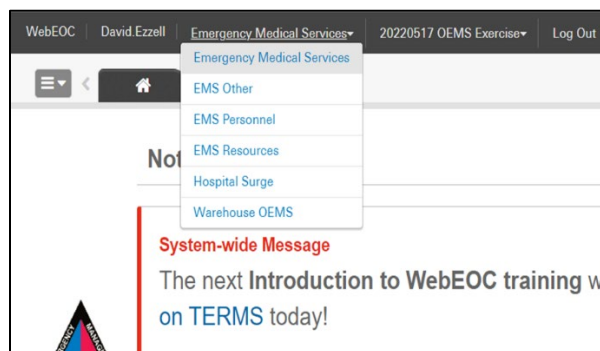
2. **Access the Resource Tracker board:**
   a. Open the WebEOC board menu. **Click** on dropdown button in the upper left corner to open the WebEOC board menu.
      b. Scroll down the board menu. **Click** on the **Resource Tracker** board. Note: If the **Resource Tracker** tab is highlighted in red indicates that there is a pending task for the SEOC ESF-8 Desk that needs attention.
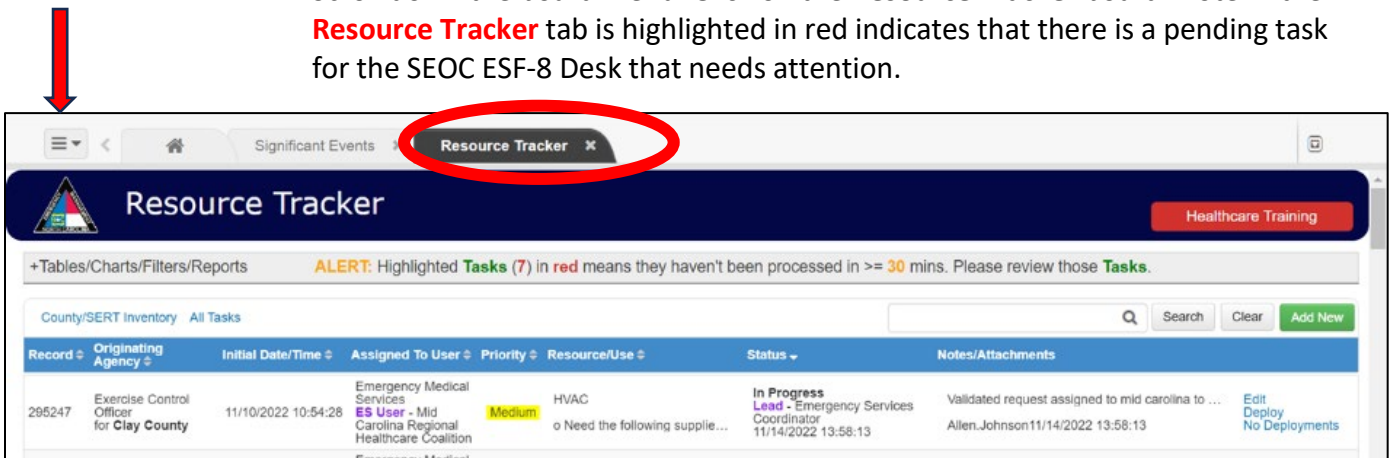
3. Open a Resource Request Form:

   a. **Click** on the green **Add New** button in the far-right column to open a Resource Request Form (RRF), see below.

4. Complete the Requester Information section:

   a. **Name**, Agency, and **Date/Time** should be pre-filled.

b. Select a **Priority** for the request from the dropdown menu:
   i. Low: Resource needed within 48 hours.
   ii. Medium: Resource needed within 24-48 hours.
   iii. High: Resource needed within 24 hours.
   iv. Flash: Resource needed immediately.
c. Make sure **Entry Type** selected is Resource Request (should be pre-filled)

NOTE: Pre-filled information is not editable. <u>If entering a request for another organization,</u> ensure that the Name and Agency of the organization making the request is recorded in the Resource Request section under Notes.

5. **Complete the Resource Request section:**
   a. **Is the request for a generator or pump?** If so, select **Yes** beside Request Generator or Request Pump as appropriate. Doing so will open the **Generator Requirements** or **Pump Specifications** sections for completion after the Resource Request section.
   b. **Identify the organization/ESF group from which the resource will come.** Choose the **Group** designation that has the needed resource. This must be done in order to populate the **Definition** dropdown menu. Groups for most ESF8 resource needs are, Commodities and Services, Emergency Medical Services, and Medical and Public Health. <u>The WebEOC Resource Crosswalk can be used to quickly identify the Group for the needed resource definition.</u>
   c. **Identify the needed resource.** Under **Definition**, select the resource definition that matches the needed resource.

   d. **Provide the amount of the resource needed.** Under **Quantity**, enter the how many of the resource are needed to fill the request.
   e. **Identify when the resource is needed.** Under **Need by Date/Time**, select the day and time the resource is needed by.
   f. **Describe the use of the resource.** Under **Resource Use**, provide a <u>brief</u> explanation of the

need for the resource and any other details relevant to its use including any components necessary for its use.

g. **Provide as much detail on the item needed:** If the item already exists in the SMRS then this step can just identify that specific item however if the request is to purchase an item or is looking for a specific item not in the SMRS then include a link showing all the specifics of the item needed.

h. **Provide assignment information for the resource (if known).** If the organization that will be providing the resource is unknown, go to the next step. If they have already been identified, add that information to the description under **Resource Use** (e.g., "Assign to OEMS/NCEM Logistics/Public Health", etc.). This will expedite the assignment of the request to the organization providing it. If the resource is needed quickly, <u>email or call</u> the organization that will be providing the resource so that they are aware that a resource request will be coming to them.

i. **Identify any support that the Requester will provide to the resource.** Directly below the Resource Use box, select the appropriate radio button, Yes or No, to indicate if the Requester will provide **Lodging**, **Fuel**, or **Meals** in support of the resource.

6. **Complete the Resource Delivery Location and Attachments sections:**
   a. **Type** should be pre-filled as New Location. This allows the section to be filled out manually.
   b. **Provide Point-of-Contact information.** Enter the name of the POC for the request and all of the location information provided by or for the Requester in the appropriate boxes. The **Address**, **City**, **State**, and **Zip** data fields must be completed.
   c. **Provide Requester information.** Enter the name and contact information for the Requester if different from the POC.
   d. **Attach additional information.** Upload any attachments (e.g., maps, directions, schedules, etc.) provided by the Requester.

e. Click **Save** in the lower right corner to save the request. The request will appear on the Resource Tracker board for vetting and assignment.

VETTING OF RESOURCE REQUESTS

1. **Determine if resource request should be handled by ESF8 Desk.** Refer to the ESF8 Resource Listing below.
   a. If the request is for a **primary** ESF8 resource, go to step 2.
   b. If the request is for a **secondary** ESF8 resource, take note to discuss with requester during vetting and go to step 2. The resource may be more accessible to the requester through NCEM Logistics or other resource provider.
   c. If the request is for a non-ESF8 resource (e.g., not on ESF8 Resource Listing or ReadyOp, Section 7, Mission Ready Packages), notify the Emergency Services Group (ESG) Supervisor, and ask to assign the request back to them for reassignment.
2. **Vet the need and purpose for the resource requested with the Requester.**
   a. Determine gap needing to be filled.
      i. What is the need? Is the requested resource appropriate to fill the response gap? Is there a different resource that may better meet the need? Resources should fill the stated need.
   b. Determine the requestor's current situation.
      i. Is the resource needed to fill a current gap in response or is it in anticipation of an event that may or may not happen? Requests should fill gaps in the current response or those that are imminent. Requesters should not "stockpile" resources.
   c. Determine if ESF8 is the best source for the resource being requested.

i. If the requested resource is not a primary ESF8 resource, why is it being requested of ESF8? Has the requester submitted their request to NCEM Logistics? Does the requester represent a healthcare care facility or organization? ESF8 holds many common, logistics resources (e.g., generators, HVAC units, etc.) that are meant to support the needs of deployed SMRS field units (SMSS, MDH, SMAT, MSU, etc.) or healthcare facilities. As much as possible, ESF8 resources should be conserved for these purposes and common logistic resources should be requested through NCEM Logistics.

3. **Confirm NCSPARTA WEBEOC request details with the Requester.**
   a. Review the following information in the request and edit as necessary.
      i. Number and kind of resource. Refer to resource-specific considerations in the **ESF8 Resource Listing** below.
      ii. Use of the resource
      iii. Days of deployment
      iv. Reporting location/time
      v. Point of Contact (POC) at location (name/contact info)
      vi. Logistics (food/lodging/fuel)
      vii. Any additional relevant information

4. **Obtain ESF8 Lead Resource Approval**
   a. Review resource request with ESF8 Lead or designee.
      i. Consider situation and known / anticipated ESF8 needs or obligations. Is this a resource that will likely be needed to support an SMRS field unit?
      ii. Determine if the resource is readily available. Can the resource meet the time requirements of the request?
   b. If resource request is approved, go to step 5.
   c. If resource request is not approved, notify ESG Lead.

5. **Identify, assign, and track the requested resource as per, Appendix 4: Medical Resource Management SOG.**

ESF8 RESOURCE LISTING
Primary Resource – Emergency Medical Service organizations are the primary source of these resources. **Secondary Resource –** Emergency Medical Services organizations have these resources but are not the primary source for them.
AIR
Primary Resources
Air Scrubbers / Negative Pressure Units • What is the need? To provide negative pressure environment or just to clean air? • What is the cubic volume (length x width x height) of the affected area, in feet? • Is there existing duct work that can be used? What is its diameter?
Secondary Resources
Air Heaters • How large is the area needing to be heated in square feet (length x width)?
Cooling/Misting Fans • How large is the area needing to be cooled in square feet (length x width)?

HVAC/Heat Pump Unit
- How large is the area needing to be heated/cooled in square feet (length x width)?
- What is the ton rating of the HVAC unit needed? Note: The more tonnage an HVAC unit is rated at, the more air it can cool/heat. One ton of air conditioning can remove 12,000 BTUs of air per hour. One ton of air conditioning is usually adequate to serve 400 - 1,000 square feet of living space depending on ceiling heights, windows, and airflow.
- Is there existing duct work that can be used? What is its diameter?
- Can the unit be connected outside of the facility or does it need to be connected inside?
- What configuration best meets the need, trailer-mounted or portable?

LIGHT & POWER

Secondary Resources

Generators
- What power rating is needed (in kW)?
- What fuel is needed (gasoline, diesel)?
- Select the "Yes" radio button beside "Request Generator" in the Resource Request Form in WebEOC, to open the Generator Requirements section. Complete as much of this information with the Requester as possible.
- What configuration best meets the need, trailer-mounted or portable?

Light Tripod/Tower
- For indoor or outdoor use?
- General area lighting or task lighting?
- What configuration best meets the need, trailer-mounted or portable?

COMMUNICATIONS

Secondary Resources

Cradle Points
- Requests for these items should be forwarded to ESF2.
    - If the request is not yet in WebEOC, collect contact information for the Requester, enter the request into WebEOC, and ask ESG Supervisor to assign to ESF2. ESF2 will reach out and vet/determine what the best solution would be.
    - If the request is already in WebEOC, ask the ESG Supervisor to reassign it to ESF2. ESF2 will reach out and vet/determine what the best solution would be.

Mobile Communications Vehicle (MCV)
- Same as for Cradle Points, however, specify that the resource should be sourced from EHPC or has been coordinated with EHPC. This will ensure that both ESF2 and ESF8 have visibility of this asset.

Radios
- Same as for Cradle Points.

Satellite Phones
- Same as for Cradle Points.

MEDICAL/SHELTER SUPPORT

Primary Resources

Ambulance, ALS (1 patient)
- What types of patients need to be moved? Note: ALS units are staffed above the EMT level and capable of performing advanced assessments and interventions to stabilize the patient. Patients that need to be transported via ALS ambulance are those that require acute monitoring (IV fluids, cardiac monitoring, vents, etc.).

Ambulance, BLS (1 patient)
- What types of patients need to be moved? Note: BLS units are staffed to at least the EMT level and capable of performing only basic life-saving skills. Patients that need to be transported via BLS ambulance are those that do not require acute monitoring but cannot safely ride in a vehicle or wheelchair.

Ambulance Bus (12-20-patients)
- What level of care do the patients need, ALS, BLS?

• Are the patients' ambulatory (can walk on their own), wheelchair-bound, or need a stretcher? Note: Most Ambulance Buses can be configured for any of these situations but capacity will vary.
Dialysis Trailer (1-4 patients, 4 dialysis units and 2 reverse osmosis filtration systems) • What is the need? Does the requesting agency need the trailer with dialysis equipment or do they already have the dialysis equipment they need? • Does the requesting agency have the staff to operate the trailer (2 Registered Nurses minimum)? • Does the requesting agency have access to a safe source of drinking water? • Does the requesting agency have access to an intact sewer system? • Does the requesting agency have a generator to power the trailer (25kW minimum)?
Durable Medical Equipment (DME) •
Hand Washing Stations •
Hospital Beds (limited supply) •
Medications •
Medical Support Unit Trailer •
Mobile Medical Unit Trailer •
Mobile Pharmacy Unit Trailer •
Oxygen Cache (short-term supply, **need to define**) • What is the need? Short-term or long-term? Long-term supply should be obtained through NCEM Logistics. Initial supply or resupply? • What size cylinders are needed (M, D, E, etc.)? • Does the requesting agency have a secure place for storage? • Does the requesting agency have a forklift or other equipment to safely move the cylinders?
Oxygen Concentrators (0-15 lpm) •
Oxygen Generators (< 35 lpm) •
Patient Telemetry Systems •
Ventilators •
X-Ray Units, Portable (MINXRAY) •
Secondary Resources
Bathrooms •
Cots •
Decontamination Trailers • What is the need? Does the requesting agency need the trailer with DECON equipment or do they already have the DECON equipment they need? • Does the requesting agency have the staff to operate the trailer? • Does the requesting agency have access to a safe water source?

Forklifts
●
Hard Structures
●
Hospital Beds
●
Oxygen (long-term supply – NCEM Logistics)
Powered Air Purification Respirators (PAPRs)
●
Restroom Trailer
●
Shower Tent/Trailers
●   What is the need? General hygiene or DECON? Patients or Staff?
Tents
●

MORTUARY SUPPORT
Secondary Resources
Back Boards
●
BioSeal Systems
●
Body Bags
●
Mortuary Trailers
●

WATER
Primary Resources
Water Purification Systems (60-1200 gallons per hour)
●   How many gallons of purified water is needed over a 24-hour period?
Water Purification Truck (2400 gallons per hour)
●   How many gallons of purified water is needed over a 24-hour period?
●   Will the water be used in a hospital setting? Note: Water produced cannot be used in hospital settings. It will be clean/potable but will not meet hospital requirements.
●   Is there a water source available where the resource is needed? Note: The truck does not have its own water tank.
●   Which local agency is responsible for certifying that water is safe to drink? Note: Water produced must approve supply produced by the truck.
Secondary Resources
Water Trailers (Potable/Non-potable)
●   What is the need? Is potable water needed or just non-potable?

WebEOC Definition (Item in >1 Groups)	WebEOC Group
Air Ambulance (Fixed-Wing)	Emergency Medical Services
Air Ambulance (Rotary-Wing)	Emergency Medical Services
Ambulance Strike Team	Emergency Medical Services
Ambulance Task Force	Emergency Medical Services
Ambulances (Ground)	Emergency Medical Services
Ancillary Support Team (Laboratory)	Medical and Public Health
Antibacterial Soap	Medical and Public Health
Badging/Badging Supplies	Commodities and Services
Bandages/Band Aids	Commodities and Services
Base Camp	Commodities and Services
Batteries	Commodities and Services
Bed Linens	Commodities and Services
Bedside Toilet	Commodities and Services
Bio-Hazard Bags	Medical and Public Health
Blankets	Commodities and Services
Bleach	Medical and Public Health
Body Bags	Medical and Public Health
Boxes	Commodities and Services
Bucket	Commodities and Services
Cambro	Commodities and Services
Canopy	Commodities and Services
Carts	Commodities and Services
Caution Tape	Commodities and Services
Chainsaw Supplies	Commodities and Services
Chair	Commodities and Services
Cleaning Service	Commodities and Services
Cleaning Supplies	Commodities and Services
Cloth Mask	Medical and Public Health
Cold Storage	Commodities and Services
COM Equipment	Commodities and Services
COM Service/Equipment	Commodities and Services
Communications Technician (COMT)	Communications
Communications Unit Leader (COMLs)	Communications
Communications Unit Support Team	Communications
Computer	Commodities and Services
Cooler	Commodities and Services
Copier	Commodities and Services
Cot	Commodities and Services
cov19 medical ppe	Medical and Public Health
cov19 test kits	Medical and Public Health
Coveralls	Medical and Public Health
Critical Incident Stress Management Team	Incident Management
Cups	Commodities and Services
Custom Site Support Kit (Mass Feeding)	Commodities and Services
Diapers and Pullups	Commodities and Services
Disinfectant	Medical and Public Health

Disinfectant Spray	Medical and Public Health
Disinfectent Wipes	Medical and Public Health
Disposable Bags	Medical and Public Health
Disposable Masks	Medical and Public Health
Dollies	Commodities and Services
Dry Ice	Commodities and Services
Dumpster	Commodities and Services
Emergency Medical Task Force	Emergency Medical Services
Emergency/ Critical Care Team	Medical and Public Health
Environmental Health	Medical and Public Health
Epidemiology (Surveillance and Investigation)	Medical and Public Health
Exam Gloves	Medical and Public Health
Face Shields	Medical and Public Health
Facility Assessment Support Teams (FAST)	Mass Care
Facility Lease	Commodities and Services
Facility Rental	Commodities and Services
Facility Services	Commodities and Services
Facility Supplies	Commodities and Services
First Aid Kit	Commodities and Services
Flashlight	Commodities and Services
Forklift	Commodities and Services
Forklift and Pallet Jack	Commodities and Services
Freezer	Commodities and Services
Fuel	Commodities and Services
Fuel Contractor	Commodities and Services
Furring Strip	Commodities and Services
Gas Containers	Commodities and Services
Generator	Commodities and Services
Glasses/Goggles	Medical and Public Health
Gloves	Medical and Public Health
Gowns	Medical and Public Health
GPS Unit	Commodities and Services
Hand Sanitizer	Medical and Public Health
Handwash Station	Commodities and Services
Hospital Bed	Commodities and Services
HVAC/HEPA Trailer/Equipment	Emergency Medical Services
Ice	Commodities and Services
Incident Communications Center Manager (INCM)	Communications
Incident Tactical Dispatcher (INTD)	Communications
Infant Supplies	Commodities and Services
Ink Cartridge	Commodities and Services
Isolation and Quarantine	Medical and Public Health
IT Service/Equipment	Commodities and Services
Joint Mobile Operation Center (JMOC)	Commodities and Services
KN95 Mask	Medical and Public Health
Laboratory Supplies	Medical and Public Health
Laundry Soap and Fabric Softener	Commodities and Services

Laundry Trailer	Commodities and Services
Law Enforcement Officers	Law Enforcement
Life Vest	Commodities and Services
Light Stick	Commodities and Services
Light Tower	Commodities and Services
Lodging	Commodities and Services
Marterial Handling Equipment (MHE)	Commodities and Services
Mass Care Support Trailer	Medical and Public Health
Mass Casualty Support Vehicle	Emergency Medical Services
Mass Dispensing Consultant Team	Medical and Public Health
Meal Containers	Commodities and Services
Meals	Commodities and Services
Medical Bed	Commodities and Services
Medical Bus	Emergency Medical Services
Medical Communications Truck/Trailer/Equipment	Emergency Medical Services
Medical Supplies	Commodities and Services
Medical Support Trailer/Equipment	Emergency Medical Services
Medical/Public Health System Assessment Team	Medical and Public Health
Medication	Medical and Public Health
Mental Health Services / Personnel	Mass Care
Mobile Command Vehicle	Communications
Mobile Communications Vehicle	Communications
Mobile Device Charging Station	Communications
Mobile Field Medical Team	Medical and Public Health
Mobile Speed Bumps	Commodities and Services
Mortuary Support Trailer/Equipment	Emergency Medical Services
Mosquito Spray	Commodities and Services
Multi-Patient Medical Transport Vehicle	Emergency Medical Services
N95 Masks	Medical and Public Health
Nasal Cannula	Medical and Public Health
Nitrile Gloves	Medical and Public Health
Non-Woven Geotextile Fabric	Commodities and Services
Office Furniture	Commodities and Services
Office Supplies	Commodities and Services
Other	Medical and Public Health
Other (Cooling/Misting Fans)	Medical and Public Health
Other (Electronic Medical Record)	Medical and Public Health
Other (Telemedicine Services)	Medical and Public Health
Other PPE	Medical and Public Health
Overhead Staff	Medical and Public Health
Oxygen	Medical and Public Health
Oxygen Concentrators	Medical and Public Health
Oxygen Cylinders	Medical and Public Health
Oxygen Manifold Systems	Medical and Public Health
Oxygen Regulators	Medical and Public Health
Packing Supplies	Commodities and Services
Palliative Care/Hospice Team	Medical and Public Health

Paper Bag	Commodities and Services
Paper Products	Commodities and Services
Paper Towels	Commodities and Services
PAPR	Medical and Public Health
Personal Care Supplies	Commodities and Services
PFD	Commodities and Services
Pillow	Commodities and Services
Plastic Sheeting	Commodities and Services
Plotter	Commodities and Services
POD Kit	Commodities and Services
Portable Toilet	Commodities and Services
Portable Toilet and Hand Washing Station	Commodities and Services
Power Contractor	Commodities and Services
Power Generation Trailer/Equipment	Emergency Medical Services
Power Strip	Commodities and Services
PPE	Commodities and Services
Pre-Storm Hurricane Push Pack	Commodities and Services
Printable ID Card	Commodities and Services
Printer	Commodities and Services
Printer Cartridge	Commodities and Services
Printer Paper	Commodities and Services
Projector Bulbs	Commodities and Services
Public Health and Medical Team in a Shelter	Medical and Public Health
Radio Cache	Communications
ReadyOp	Medical and Public Health
Receiving	Medical and Public Health
Reception Center Kit	Commodities and Services
Reception Center Push Pack	Commodities and Services
Refrigerator	Commodities and Services
REP Equipment	Commodities and Services
Repair Services	Commodities and Services
Respirators	Medical and Public Health
Rock	Commodities and Services
Rolling Steel Ladder	Commodities and Services
Safety Items	Commodities and Services
Safety Vest	Commodities and Services
Sandbags	Commodities and Services
Sat Phone	Communications
Security System/Items	Commodities and Services
Shelter Support Trailer	Commodities and Services
Shelving	Commodities and Services
Shipping Supplies	Commodities and Services
Shoe Covers	Medical and Public Health
Shower Supplies	Commodities and Services
SHP Troopers	Law Enforcement
Signage	Commodities and Services
Sink Trailers	Commodities and Services

Site on Wheels	Communications
Specialty Services Team	Medical and Public Health
Sterile Water	Commodities and Services
Stethoscope	Medical and Public Health
Storage Trailer	Commodities and Services
Styrofoam Containers	Commodities and Services
Surge Protector	Commodities and Services
Surgical Masks	Medical and Public Health
Syringes	Medical and Public Health
Table	Commodities and Services
Tarp	Commodities and Services
Telecommunications Support Package	Communications
Telecommunicator Emergency Response Task Force (TERT)	Communications
Testing Supplies	Medical and Public Health
Thermometer	Medical and Public Health
Thermometer Cover	Medical and Public Health
Toilet Paper	Commodities and Services
Toilet Paper and Paper Towels	Commodities and Services
Toilet Trailers	Commodities and Services
Tools	Commodities and Services
Tracking Devices	Commodities and Services
Traffic Cones	Commodities and Services
Transportation	Commodities and Services
Transportation Contractor	Commodities and Services
Trash Bag	Commodities and Services
Trashcan	Commodities and Services
Tyvek Suits	Medical and Public Health
Utility Services	Commodities and Services
Vaccine Staffing – Medical Support	Medical and Public Health
Vaccine Staffing – Non-Medical Support	Medical and Public Health
Vaccine Support – Other	Medical and Public Health
Vehicle Parts	Commodities and Services
Vehicle Repair	Commodities and Services
Ventilator	Medical and Public Health
Ventilator Supplies	Medical and Public Health
VIPER Talkgroup	Communications
Waders	Commodities and Services
Warehouse Equipment	Commodities and Services
Warehouse Supplies	Commodities and Services
Water	Commodities and Services
Water Purification Truck/Trailer/Equipment	Emergency Medical Services
Water Service	Commodities and Services
Water Treatment Equipment	Commodities and Services
Wheelchair	Commodities and Services

Purpose: To provide guidance for the identification, deployment, and tracking of ESF8 resources verified to fill resource requests received by the ESF8 Desk utilizing ReadyOp and NCSPARTA WebEOC.

Identifying ESF8 Resources Available for Deployment

1. Sign into ReadyOp:
    a. Click on the Select an Agency dropdown menu and select **07 – Mission Ready Packages.** This Agency contains all ESF8 resources besides county-based ESF8/EMS transportation resources and will cover most resource requests.
    b. Click Login to enter the Agency with the appropriate resources.

2. Review the inventory (resource entries) to determine if the requested resource is activated and available for deployment:
    a. Click on the form entry labeled **SMRS ALL Mission Ready Packages**. This will bring up a list of all resource entries for the SMRS (HCC and MDH).

b. Sort the list to find the requested/needed resource by using the search boxes at the bottom of each column.

    i. Enter the name of the requested resource in the **Asset Name** search box to find that resource in the inventory.

    ii. Enter the status of **Available** in the **Operational Status** search box to identify those resources available for deployment.

c. Review any characteristics of the resource entry necessary to confirm that it will satisfy the requirements of the request and obtain point-of-contact information.

    i. Click on the resource entry to open its form and review characteristics such as:

        1. **Asset Description** – Does it provide what is needed?

        2. **Support Services** – Will it have the support it needs to function?

        3. **Point of Contact for Mobilization** – Who manages It and where is it?

        4. **Photos** – Will its size/configuration make it easier or harder to use?

(1) Asset Description

The Medical Support Unit is designed to be a rapidly deployable, quick setup medical unit. It provides a clean, quiet, comfortable, and confidential environment to deliver medical care to impacted areas. The MSU can also be used at emergency scenes for responder rehab and medical monitoring.

PERSONNEL: 5
- ** Mission dependent **
  Quoted as follows:
  - o   1 – Logistician
  - o   2 – RN or EMT-P
  - o   2 – CNA or EMT-B

(2) Support Services

In order to use this asset in the field the following wrap-around services are necessary and / or the following information is important for logistical purposes.

Wrap Around Services Required

☑ Housing	☑ Feeding	☐ Sanatation package
☑ Resupply of Materials	☐ Transportation	☐ Security
☐ Generator	☐ Pharmaceuticals	☐ Water
☑ Fuel	☑ Driver	☐ Linens
☐ Air Conditioning	☑ Tow Vehicle	☐ Material Handling Equipment
☐ Electrical Package	☑ Comms Equipment	☐ Lighting
☐ Medical Gas	☐ Other	

Point of Contact for Mobilization

These are the primary and alternate contact for aquisition of the asset.

(3)

Agency Name
Eastern Healthcare Preparedness Coalition / Vidant Health

First Name Chris **Last Name** Starbuck **Title** Healthcare Preparedness Coordinator

Primary Phone Number +1 252-814-3110 **Alternate Phone Number** +1 252-847-6634 **Email** cstarbuc@vidanthealth.com

(4) Photo 1

MSU Outside.png – (remove)

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d.   Identify a resource capable of fulfilling the resource request and keep its form open.

3.   Go to Deployment.

Deployment of ESF8 Resources

1.   Contact the organization or individual responsible for the identified resource using the contact information provided with the resource in ReadyOp.

a.   Scroll down to the **Point of Contact for Mobilization** section of the resource you have selected and use the information contained there to contact the resource owner.

Point of Contact for Mobilization

These are the primary and alternate contact for aquisition of the asset.

Agency Name
Eastern Healthcare Preparedness Coalition / Vidant Health

First Name Chris **Last Name** Starbuck **Title** Healthcare Preparedness Coordinator

Primary Phone Number +1 252-814-3110 **Alternate Phone Number** +1 252-847-6634 **Email** cstarbuc@vidanthealth.com

2. Confirm the availability of the resource(s) for the requested assignment and review the mission requirements.

3. Update the status of the resource in ReadyOp, update the resource request in NCSPARTA WEBEOC, and complete ICS 204 if appropriate.
   a. In ReadyOp:
      i. Scroll up to **Operational Status**, change it to **Deployed**, and select **Save Changes**.

   b. In NCSPARTA WEBEOC:
      i. Find the request that the resource is to be deployed to In the **Resource Tracker** board. If it is not already open, enter the **Record/Mission Number** of the request in the search bar and click **Search**.
      ii. Open the resource request by clicking **Edit**.

iii. Go to the **Assignment Information** section and, if not already done during the verification process, change **Status** to **In Progress or Enroute.**

iv. <u>If the operations of the resource are to be monitored by a Healthcare Coalition or other ESF8 organization</u>, go to the **Assigned to Emergency Service User** dropdown menu and assign the resource to that organization. Once assigned, that organization becomes responsible for tracking the mission status of the resource and providing updates in NCSPARTA WEBEOC and ReadyOp.

v. Go to the **Notes** section and update any important, mission-related information concerning the deployment of the resource and select **Save**.

4. **Go to Tracking.**

Tracking ESF8 Resources

1. Track and update the status of all deployed resources in the NCSPARTA Resource Tracker board. Following deployment, maintain periodic communication with the resource (provider and/or user). As new information is received, click **Edit** and update the **Status** and **Notes** sections of the request record in the Resource Tracker board accordingly.

   a. **In Progress** – Review at least once per shift until mission completion.
   b. **Information Added** – Review within 30 minutes of assignment.
   c. **Enroute** – Review after the Expected Time of Arrival (ETA) to mission location and then as the situation dictates until the resource arrives at its designated destination.
   d. **On Scene** – Review at least once per shift until mission completion.

Mission Completion and Demobilization of ESF8 Resources

General: Upon mission completion, the resource request must be closed out in NCSPARTA WebEOC, and the status of the resource must be updated in ReadyOp. The updated status of the resource and further management of the resource will depend on whether it is:
- Returned to a staging area for a later assignment.
- Reassigned to another verified/vetted request.
- Demobilized.
These determinations may be made by the ESF8 Desk with the guidance of the ESF8 Lead.

1. In NCSPARTA WebEOC Resource Tracker:
   a. Select **Edit** to open the request record for the resource that has completed its mission.
   b. Update the resource **Status** to **Complete**.
   c. Update the resource **Notes** with any information pertinent to mission completion.
   d. Select **Save**.
2. In ReadyOp:
   a. Open the resource entry and change its Operational Status to **Available** or **Out of Service** as the situation dictates.
   b. Report any **Out of Service** statuses to the ESF8 Lead.
   c. Select **Save Changes**.

3. Demobilization: If the resource is to be demobilized, refer to **EOP Appendix 7: Demobilization SOG** for additional information covering the processes and procedures for the demobilization ESF8/SMRS operational and operations support organizations and teams.

Purpose: To provide guidance for the identification, deployment, and tracking of ESF8 resources verified to fill resource requests received by the ESF8 Desk utilizing ReadyOp and NCSPARTA WebEOC.

Identifying ESF8 Resources Available for Deployment

1. Sign into ReadyOp:
    a. Click on the Select an Agency dropdown menu and select **13 – Emergency Operations Plans.** This Agency contains EMS-maintained resources (e.g., ambulance units) and the Transportation Resources Board for transportation mission tracking.
    b. Click Login to enter the Agency with the appropriate resources.

2. Review inventory (resource entries) to determine if the requested resource is activated and available for deployment:
    a. Click on the form entry labeled **Transportation Resources Form**. This will bring up a list of all transportation resources currently dedicated to the event.

b. Sort the list to find the requested/needed resource by using the search boxes at the bottom of each column.
   i. Enter the type of transportation resource requested resource in the **Resource Type** search box to find that resource in the inventory.
   ii. Enter the status of **Available** in the **Assignment Status** search box to identify those resources available for deployment.
   iii. Review the **Assigned To** data field and select a resource that is assigned to the section that you are working in either **SEOC / Staging Area** or **OEMS Support Cell**. If there are no available resources, contact the ESF-8 Lead about reassignment or acquisition.

c. Open the resource identified to fulfill the request.
   i. Click on the identified resource and scroll to **Section 2: Assignment Details** and change the assignment status to **Assignment Pending** and select **Save Changes**.
   ii. Go to Deployment.

Deployment of ESF8 Resources

1. Contact the organization or individual responsible for the identified resource using the contact information provided with the resource in ReadyOp.
   a. Reopen the form for the transportation resource you just saved and scroll to **Section 3: Personnel**. This section of the form will contain the contact information for the crew of the transportation resource you wish to deploy.
   b. Contact the Crew Leader.

2. Confirm the availability of the resource(s) for the requested assignment and review the mission requirements.

3. Update the status of the resource in ReadyOp, update the resource request in NCSPARTA WEBEOC, and complete ICS 204 if appropriate.
   a. In ReadyOp:
      i. Scroll to **Section 2 Assignment Details**, update the **Assignment Status** of the unit to **Assigned**, enter important, mission-related information under **Resource Details/Notes**, and select **Save Changes**.

b. In NCSPARTA WEBEOC:
   i. Find the request that the resource is to be deployed to In the **Resource Tracker** board. If it is not already open, enter the **Record/Mission Number** of the request in the search bar and click **Search**.
   ii. Open the resource request by clicking **Edit**.

iii. Go to the **Assignment Information** section and, if not already done during the verification process, change **Status** to **In Progress or Enroute.**

iv. Go to the **Notes** section and update any important, mission-related information concerning the deployment of the resource and select **Save**.

4. Go to Tracking.

Tracking ESF8 Resources

1. Track and update the status of all deployed resources in the NCSPARTA Resource Tracker board. Following deployment, maintain periodic communication with the resource (provider and/or user). As new information is received, click **Edit** and update the **Status** and **Notes** sections of the request record in the Resource Tracker board accordingly.

   a. **In Progress** – Review at least once per shift until mission completion.
   b. **Information Added** – Review within 30 minutes of assignment.
   c. **Enroute** – Review after the Expected Time of Arrival (ETA) to mission location and then as the situation dictates until the resource arrives at its designated destination.
   d. **On Scene** – Review at least once per shift until mission completion.

Mission Completion and Demobilization of ESF8 Resources

General: Upon mission completion, the resource request must be closed out in NCSPARTA WebEOC, and the status of the resource must be updated in ReadyOp. The updated status of the resource and further management of the resource will depend on whether it is:
   • Returned to a staging area for a later assignment.
   • Reassigned to another verified/vetted request.
   • Demobilized.
These determinations may be made by the ESF8 Desk with the guidance of the ESF8 Lead.

1. In NCSPARTA WebEOC Resource Tracker:
   a. Select **Edit** to open the request record for the resource that has completed its mission.
   b. Update the resource **Status** to **Complete**.
   c. Update the resource **Notes** with any information pertinent to mission completion.
   d. Select **Save**.
2. In ReadyOp:
   a. Open the transportation resource entry and change its Operational Status to **Available, Demobilized, Out of Service, Assignment Pending** as the situation dictates.
   b. Report any status <u>other than</u> Available to the ESF8 Lead.
   c. Select **Save Changes**.
   d. If the transportation resource is reassigned (**Assignment Pending** status):
      i. Go to **Deployment of ESF8 Resources, 1.b.**, above.

3. Demobilization: If the resource is to be demobilized, refer to **Appendix C1: EMS Resources, Demobilization**, for information covering the processes and procedures for the demobilization of EMS resources.

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)
APPENDIX 5: COMMUNICATIONS AND INFORMATION MANAGEMENT SYSTEMS
OCTOBER 2023

Table of Contents

Purpose

To provide NCOEMS personnel responsible for staffing the SEOC ESF8 Desk, Support Cell, and other operational sites, a more complete understanding of the purpose and use of the various information and communication systems available and actions necessary to maintain these systems and the capabilities they provide in the event of interruptions that impact their use.

Scope

This document identifies essential NCOEMS communications functions, the supporting communications platforms, describes the basic purpose, use, and access to each communication and information management system, and procedures and plans to maintain the continuity of NCOEMS communications functions despite disruptions to the platforms and/or systems on which they depend.

Communications Functions

These are the essential communications functions that NCOEMS personnel conduct during disaster response as well as day-to-day activities. These require communications platforms and the systems they support to be effective and timely. Functions include:
1. NCOEMS ESF8 priorities include planning, response, and decision points.
2. Requesting, notifying, and mobilizing resources.
3. Interacting with Healthcare Coalitions and healthcare partners.
4. Sharing information with partner State agencies.
5. Sharing information with Federal agencies.

Communication Platforms

These are the means through which the essential communication functions are conducted. Platforms can be hardware or software based. Platforms include:
1. Voice Communications
    a. Cellular or landline telephone systems.
    b. Internet based calling methods.
    c. Radio
        i. Public safety bands (VIPER)
        ii. Amateur bands
    d. Face to Face
2. Data Communications
    a. Internet (Terrestrial based connections).
    b. Internet (Cellular based connections).
        i. Commercial broadband
        ii. Public Safety broadband
    c. Satellite
        i. Phone / Push-to-talk (MSAT)
    d. Radio – Amateur radio (AUXCOM)
        i. Information sharing via access to the internet via radio frequencies (Winlink)

Communication and Information Management Systems

These are the systems that NCOEMS personnel interface with directly to carry out their assigned communications functions. Each system, their purpose(s), use, and access are summarized below. The

use of these systems is dependent on the integrity of either the voice-based or data-based platforms that support them. If use of any of these systems is lost, refer to **Continuity of Communications Platforms and Systems** section below to regain or identify alternative communication methods.

Telephone Communication Systems

Telephone and FAX resources available for use at the SEOC and Support Cell are listed below.

a. *Voice-Over-the-Internet-Protocol (VOIP) telephones - SEOC:*
   i. Incoming calls use telephone: (919) 825-2427
   ii. Outgoing calls use telephone: (919) 825-2426
b. *Voice-Over-the-Internet-Protocol (VOIP) telephones – Support Cell:*
   i. All calls use telephone: (919) 855-4688
c. *Facsimile (FAX) telephone - SEOC:*
   i. FAX: (919) 733-7554 (in Operations Center)
d. *Facsimile (FAX) telephone – Support Cell:*
   i. FAX: (919) 733-7021 (in Room 129)
e. *NCOEMS-Assigned SMART Phones:*
   i. See OEMS Directory on OwnCloud (DHHS – SDO Resources – OEMS Telephone Listings)
f. *NCOEMS Conference Line:*
   i. Dial-in: (919) 233-7092
g. *NCOEMS Satellite Telephones:*
   i. This emergency telephone/radio system is provided through Light Squared. These phones allow for communication with regional offices and disaster scenes where satellite units have been deployed when the power is out, or other communications systems fail. Unit in the Wright Building Communications Room (Room 124) is active, regionally based units are not live and must be notified with activation instructions.

E-mail Communication Systems

Staff should utilize the DHHS e-mail accounts through Microsoft 365 as primary means for e-mail communication. https://outlook.office365.com/mail/inbox

Information Management Systems

Information Management systems available for use at the SEOC and Support Cell include the following.

a. *CONTINUUM:* Primary database for NCOEMS Regulatory components to include EMS Systems, EMS Agencies, Personnel, EMS Credentials, EMS Vehicles, EMS Educational Institutions, EMS Patient Care Reports, EMS Compliance components and one-way email communication to EMS. https://continuum.emspic.org
b. *ICAM SYSTEM:* Inventory Control Asset Management (ICAM) system is used for inventory and resource tracking of State Medical Response System (SMRS) equipment and supplies. http://ncoems.icamservice.com/login
c. *MICROSOFT TEAMS:* Workplace hub for team collaboration, chat, videoconferencing, and file storage. The program is hosted locally on NCOEMS assigned laptops and SMART phones.
d. *MULTI-HAZARD THREAT DATABASE (MHTD):* GIS application providing information on all North Carolina Division of Health Service Regulation (DHSR) licensed facilities (hospitals, nursing homes, mental health, intermediate care facilities, home health, long term, and

adult care facilities). Used for gathering facility info, mapping facilities, weather, and hazards. https://www.ncmhtd.com/oems/

e. *NCSPARTA – WEBEOC:* Web based interface between the State EOC and State Emergency Response Team (SERT) partners. Primarily used for emergency management operations, maintaining situational awareness, coordination of ESF8 resource requests, reporting (IAP, situation reports, ICS forms) and file library for response / recovery documents. https://www.ncsparta.gov/eoc7/default.aspx

f. *NORTH CAROLINA TRAINING EXERCISE RESPONSE MANAGEMENT SYSTEM (NCTERMS):* Web based interface between the State EOC and SERT Partners for response team rostering, deployment and tracking during statewide activations. Database for SERT training and exercise offerings as well as providing registration with reporting utilities. https://terms.ncem.gov/TRS/

g. *OWNCLOUD:* A secure cloud service used primarily as a file library for the storage of SMRS emergency response information (e.g., plans, guidance documents, etc.). https://www.ncmhtd.com/owncloud/index.php/login

h. *READYOP:* A secure cloud service used primarily for situational reporting, daily activity logs, customized information gathering, two-way communication, and roster of SMRS personnel and partners by organization with contact information. SMRS Mission Ready Package information and availability status. Hospital diversion status board updates. https://nc.readyop.com/

Radio Communication Systems – VIPER Medical Network (VMN)

These systems are used to monitor and communicate with North Carolina SERT Partners and SMRS organizations, and other organizations utilizing the VIPER (Voice Interoperability Plan for Emergency Responders) radio system and as a redundant communication system in the event of the loss of voice-based and/or data-based communications platforms due to a general commercial communications system failure. For additional information: https://www.ncmhtd.com/owncloud/index.php/s/NPwXglQe1FQgEOy

The following VIPER-compatible radio equipment will be available and/or can be requested to fulfill operational needs:
1. Portable (hand-held) Radios
   a. Incoming/outgoing calls for NCOEMS set one radio to **VMJ59101** talk group – (official communications)
   b. Incoming/outgoing calls for NCOEMS set one radio to **OEMS SECURE** talk group – (internal communications, AES-256 Encrypted)
2. VMN Reference Information Guide
   a. For VMN radio channels, talk group, and use guidance. Refer to: https://www.ncmhtd.com/owncloud/index.php/s/NPwXglQe1FQgEOy
   b. *Talk Groups – Purpose and Use:*
      i. External ESF8 Coordination - SEOC ESF8 Desk (SMRS Disaster) to Partner Agency/Unit:
         1. Find VMN channel of agency in the VMN Reference Information Guide
      ii. Internal NCOEMS Coordination/Conference - NCOEMS Staff to NCOEMS Staff:
         1. **OEMSSTAFF** and **OEMS SECURE**

  iii. ESF8 Operational Assignments: Request for these talk groups should be sent to the ESF8 desk for assignment. If any communications resources are activated (contingency or assigned), the ESF8 desk or designated comms personnel, will produce an ICS205 form for each operational period. Each ICS205 should be shared with the ESF2 desk for situational awareness and conflict resolution. Initial VIPER Medical Network (VMN) talk groups available for assignment are:

1. **VML79600**
2. **VML79601**
3. **VML79700**
4. **VML79701**
5. **VML79800**
6. **VML70801**

 c. *Redundant Communication with the ESF8 Desk:* During disaster response, primary communication methods to contact the ESF8 Desk will be via telephone or email. In the event of a commercial communications failure, resulting in the inability to contact the ESF8 desk, contact the NCEM 24-Hour Watch Center on VIPER talk group "**EM EOC**" located in the VIPER "Statewide" zone. Advise the watch center that you are experiencing a commercial communications failure and need to contact the ESF8 Desk. Once advised by the watch center, the ESF8 Desk will contact you on the "**EM EOC**" talk group and advise you which VIPER Medical Network (VMN) talk group to utilize for direct communications with the ESF8 Desk (typically this will be "**VML79501** Medical Statewide Disaster Contact"). You will then switch to this ESF8 assigned talk group and contact the ESF8 Desk with your traffic.

Continuity of Communications Platforms and Systems

In the event that the ability of NCOEMS personnel to fulfill assigned communications functions are interrupted by disruptions to communication platforms and essential systems, the following procedures and plans will be utilized to attempt to restore and maintain these functions. For additional information regarding response to disruptions related to cybersecurity issues, refer to **APPENDIX B1 NCOEMS Cybersecurity Incident Response Plan (CIRP)**.

Single Platform Disruptions - Platforms affected: Voice or Data

Voice Communications: If there is a loss of voice communication(s) pathway noted above, they may present themselves in the following manner.
1. Loss of cell phone service.
    a. Users cannot use a cell phone to make a phone call and note "No Service" on their device.
    b. Voice networks are overwhelmed, and user receives an "All Circuits are Busy, Please Try Again."
2. Loss of landline telephone service.
    a. Users cannot access landline dial tone.
3. Loss of radio system coverage.
    a. The primary radio system is in a failure state:
        i. Site Trunking Failsoft

        ii.   Complete system failure

ACTIONS

- Report any outage to the Communications Unit (919-302-0794 or Dale.Sutphin@dhhs.nc.gov) if greater than 1 hour in length.
- If personnel are engaged in activation activities, they should notify ESF8 lead of the outage immediately.
- For cellular devices, users should attempt to turn on their "Wi-Fi Calling" feature and re-attempt the call.
- For overwhelmed networks, users should attempt Wireless Priority Service (WPS) or Government Emergency Telephone System (GETS) platforms.
- Radio system coverage outages should be reported to the communications unit for interaction with North Carolina State Highway Patrol Technical Services Unit. (NCSHP TSU).
- Switch radio off the affected network, if capable, and attempt contact.

Data Communications: If there is a loss of data communications pathway(s) noted above, they may present themselves in the following manner.

1. Loss of access to the internet and therefore common information sharing platforms.
   a. A user cannot access the internet due to a failure of hardware or local internet provider.
   b. The infrastructure has become damaged.
   c. A cyber event has occurred.
   d. There is a prolonged period of no power.

   ACTIONS

   - Attempt to connect via another means (MiFi, Hotspot, Wi-Fi)
   - Attempt to contact via landline telephone.
   - Attempt to contact via mobile radio system (VIPER).
   - Attempt to contact via satellite phone.
   - Attempt contacts via amateur radio.

2. Internet access not interrupted but with loss of access to information sharing and/or resource coordination pathways.
   a. Users cannot access government networks for email/messaging or file sharing.

   ACTIONS

   - Report any outage to the DHHS IT (via DHHS Service Portal- https://ncgov.servicenowservices.com/sp_dhhs/ , telephone- 919-855-3200
   - Utilize alternate communications pathways until the network is restored.
   - If SDO, notify admin on call.
   - If personnel are engaged in activation activities, they should notify ESF8 lead of the outage immediately.

   b. Internet access not interrupted but with loss of any of the following information sharing and resource coordination platforms: ReadyOp, OwnCloud, WebEOC, NC TERMS, Continuum, or iCAM.

   ACTIONS

- Notify HPP Systems Support Team (via email: HPPSystemsSupport@dhhs.nc.gov or phone 919-302-0794 or 919-971-7477
- Utilize alternative information sharing platforms.
- Utilize alternative communication pathways.
- If SDO, notify admin on call.
- If personnel are engaged in activation activities, they should notify ESF8 lead of the outage immediately.

Multi-Platform Disruptions - Platforms affected: Voice and Data
In the event of a multi-platform communications disruption your ability to communicate will be extremely difficult and/or not available at all. Immediate steps to attempt **Primary, Alternate, Contingent and Emergency (PACE)** plan contact should be taken based on the equipment available.

NCOEMS ESF8 PACE Plan: PACE plans can be specific based on situation, communications function, or communications platform and current incident missions at hand. All situations are different; therefore, this plan is scalable and adaptable. Personnel should use their best judgement in always maintaining continuity of operations. It is important that this PACE plan is exercised frequently. This plan will ensure that communications with essential personnel can be maintained should primary communication methods become compromised. The table below shows the plan for various situations.

NCOEMS ESF8 Basic PACE Plan

Essential Function	**P**rimary *Routine, most effective*	**A**lternate *Another common method with limited impact*	**C**ontingent *Method not as convenient or efficient, but available*	**E**mergent *Method of last resort that may incur delays*	Notes
Routine information sharing	Email	Cellular Telephone (Voice or Text)	Web based application (Voice or Data)	Land mobile radio (VIPER)	Day to day activities
SDO Operations	Cellular Telephone (Voice or Text)	Email	Web based application (Voice or Data)	Land mobile radio (VIPER)	This includes SDO notification communications and admin on call communications
Response Activations	ReadyOp/WebEOC	Email	Cellular Telephone (Voice or Text)	Land mobile radio (VIPER)	This includes general information, resource requests and other actionable/ICS requirements
OEMS/DHHS Leadership-Command a	Face to Face	Cellular Telephone (Voice or Text)	Web based application (Voice or Data)	Land mobile radio (VIPER) - Encrypted Talk Group	This includes situation reports and critical/sensitive notifications

NCOEMS Emergency operations Plan (NCOEMS – EOP)
APPENDIX 6: organization and assignment of responsibilities
October 2023

Table of Contents

Purpose & Scope

To provide greater understanding of the organization and assignments of NCOEMS personnel activated to oversee and coordinate the ESF8 response to emergency events and disasters. These guidelines detail the SEOC and Support Cell roles and responsibilities.

Organization

The organization of NCOEMS staff will change to meet necessary oversight and coordination requirements as operations expand to meet health and medical support needs and trigger increases in activation level.
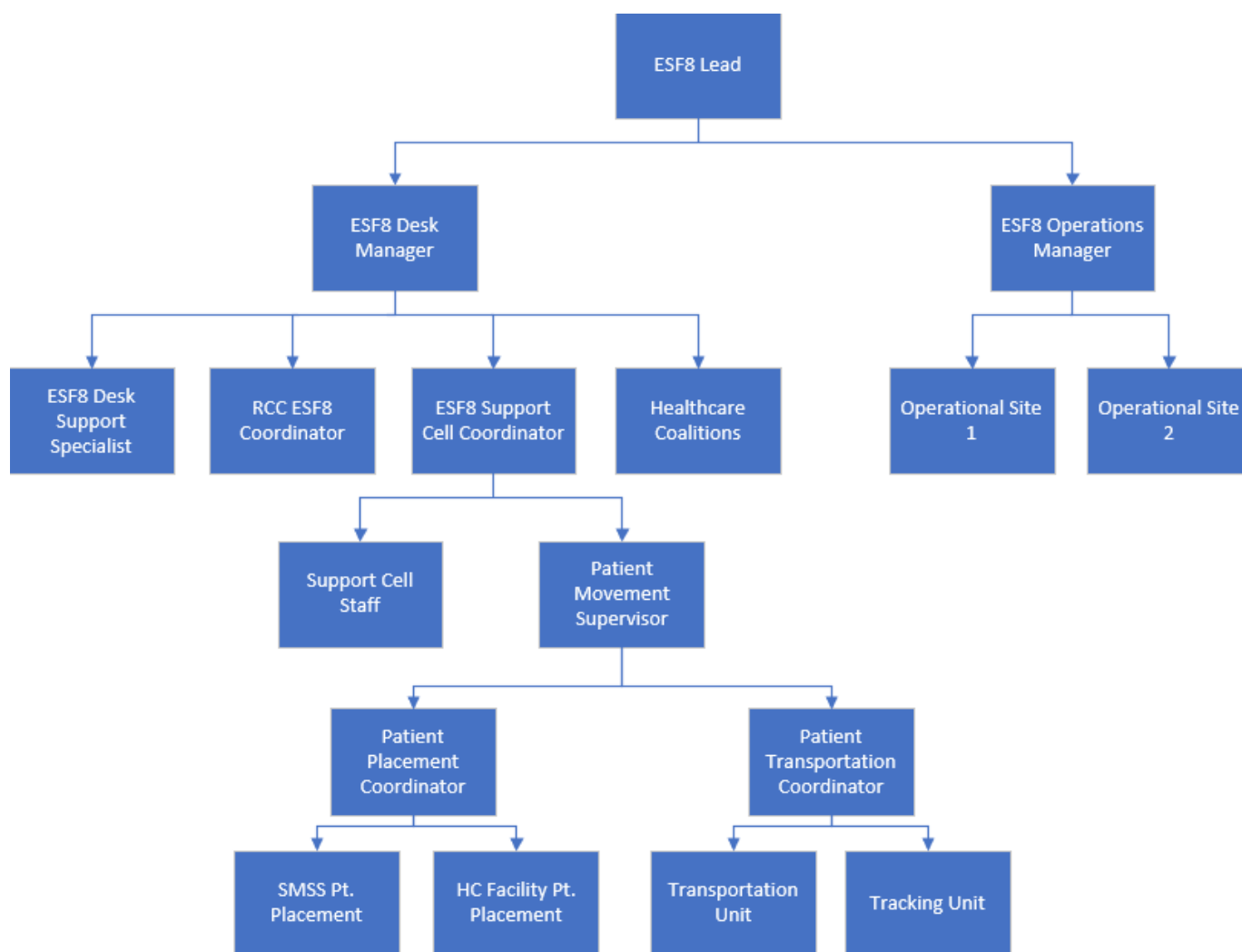
Roles and Responsibilities

NCOEMS staff may be assigned different roles to meet ESF8 response and recovery requirements as part of the SERT. Each role includes a range of responsibilities necessary to ensure that the organization fulfills its operational or support mission successfully. These organizations are listed below with major role responsibilities identified. For positions outlined below the corresponding job action sheets can be found at the end of this appendix.

Support Organizations:

ESF8 SEOC

Maintain overall situational awareness of ESF8 response and recovery activities statewide, act as the HPP ESF8 representative to the SERT and federal partners, manage health and medical resource requests, and oversight/support of ESF8 field operations.

- ESF8 Lead – Oversight for all ESF8 response & recovery activities
- ESF8 SEOC Desk Manager – Oversight for all ESF8 SEOC Desk responsibilities
- ESF8 SEOC Desk Support Specialist – Position supports the ESF8 Desk Manager with roles and responsibilities as assigned.
- ESF8 Operations Manager - position provides direct support and leadership for all NCOEMS coordinated field operations.

ESF8 Support Cell

Assist staff assigned to the ESF8 Desk in meeting their responsibilities for maintaining situational awareness, managing resource requests, and supporting field operations. Including the coordination of patient transfer operations and the vetting of medical supply requests during medical logistics operations.

- ESF8 Support Cell Coordinator - Oversight for all ESF8 Support Cell responsibilities
- ESF8 Support Cell Staff – Provide support to the ESF8 Support Cell Coordinator
- Patient Movement Supervisor - Oversees all patient movement operations (coordination/placement, and transport)
- Patient Placement Coordinator - Provides overall support to the Patient Coordination Center Lead (Healthcare Facility) and Patient Movement Supervisor when North Carolina Patient Movement Guideline is activated.
- Patient Transportation Coordinator - Oversees all patient transportation activities (with exception of standard procedures for emergent patient transfer from a healthcare facility)
- Transportation Unit: Provides support to the Patient Transportation Coordinator
- Tracking Unit: Provides support to Patient Transportation Coordinator

Objective: Provide oversight and direction for all ESF8 response & recovery activities

Reports to: SERT Leader

Supervises: ESF8 Desk Manager, ESF8 Operations Manager

Actions:
- o Advise, set priorities, and provide overall direction for ESF8 response and recovery activities

- o Develop and represent ESF8 goals, objectives, and activities to local, state, and federal partners as part of the North Carolina SERT

- o Authorize the activation and deployment of state ESF8 resources

- o Activate the ESF8 Desk Manager, ESF8 Operations Manager, and other ESF8 organization positions as necessary to meet the objectives of this position

- o Coordinate with DHHS/NCOEMS Leadership, State Medical Response System Advisor, and NC SERT partners on:
    - o Development and implementation of policies necessary to support ESF8 response activities and the
    - o Release of health and medical information to the public

- o Lead or participate in various briefings concerning ESF8 response and recovery activities involving the SERT, response partners, and SMRS organization including incident command staff calls

- o Authorize the demobilization of state ESF8 resources upon completion of response and recovery activities including the conduct of team debriefings and development of After-Action Reports (AARs)

Position: ESF8 Desk Manager

Objective: Assist the ESF8 Lead in maintaining oversight and management of ESF8 responsibilities assigned as part of the SERT

Reports to: ESF8 Lead

Coordinates with: RCC ESF8 Coordinator, Healthcare Coalitions, SERT-ESG Supervisor

Supervises: ESF8 Desk Support Specialist, ESF8 Support Cell Coordinator

Actions:
- Monitor available communication and information technology systems to develop and maintain situational awareness of ESF8 response and recovery activities

- Develop situation reports and lead coordination calls (NCOEMS/HCC) for the purpose of sharing ESF8 situation and mission status information across healthcare organizations and with other local, regional, state, and federal partners, as appropriate

- Manage requests for ESF8 resources as necessary and in coordination with the ESF8 Lead, SERT-ESG Supervisor, RCC ESF8 Coordinator, and Healthcare Coalitions (HCCs) as appropriate.

- Coordinate with the SERT-ESG Supervisor regarding resource missions assigned to the ESF8 Desk to ensure they fit within ESF8 responsibilities, their provision, and resource options if the resource cannot be provided by the state.

- Coordinate ESF8 resources needed within an HCC as well as manage any resource requests assigned to the HCCs for support of needs outside their regions

- Coordinate ESF8 resources needed within an RCC area with RCC ESF8 Manager and identify resources that can be tasked directly to the RCCs for fulfillment of regional health and medical needs

- Coordinate support for ESF8/SMRS field operations with the ESF8 Operations Manager and ESF8 Support Cell Coordinator

- Field and resolve questions concerning ESF8 response and recovery activities in coordination with the ESF8 Lead

- Delegate position responsibilities to the ESF8 Desk Support Specialist and the management of large ESF8 functions (e.g., patient movement) to the ESF8 Support Cell Coordinator as necessary to meet the objectives of this position

- Conduct the demobilization of ESF8 Desk operations upon completion of response and recovery activities.

Objective: Assist the ESF8 Lead in maintaining oversight and management of ESF8 field operations when there is the potential for the activation and deployment of SMRS operational units (e.g., SMSS, MDH, Patient Transfer Centers, etc.)

Reports to: ESF8 Lead

Coordinates with: ESF8 Desk Manager, ESF8 Support Cell Coordinator, Healthcare Coalitions

Supervises: Incident Commanders of NCOEMS Incident Management Teams deployed to establish and maintain ESF8 field operations

Actions:
- Ensure pre-deployment readiness and planning for potential ESF8 operational mission requests

- Conduct assessments of need with requesting jurisdictions/organizations and advise ESF8 Lead on approval of operational mission requests

- Oversee operational site(s) coordination (site assessment, site plans) with response partners

- Coordinate directly with the ESF8 Lead and ESF8 Desk Manager to identify necessary IMT personnel, staffing, and logistics resources

- Provide direct support and leadership to the deployed IMTs and coordinate further support through the ESF8 Lead and ESF8 Desk Lead

- Assign all responsibilities for the operational period and ensure they are completed: (e.g., Operations Tactics Meeting, Command & General Staff Call, and submission of IAP & situation reports

- Act as medical Point-of-Contact for response partners (e.g., Public Health IMTs, NCEM, etc.) and responds to all messages and request for medical information

- Ensure necessary mission support is coordinated with the ESF8 Desk Manager

- Oversee operational site demobilization when authorized

Position: ESF8 Desk Support Specialist

Objective: Assist the ESF8 Desk Manager in maintaining oversight and management of ESF8 responsibilities assigned as part of the SERT

Reports to: ESF8 Desk Manager

Coordinates with: ESF8 Support Cell Coordinator, Healthcare Coalitions

Actions:
- o Monitor available communication and information technology systems to develop and maintain situational awareness of ESF8 response and recovery activities

- o Develop situation reports and lead coordination calls (NCOEMS/HCC) for the purpose of sharing ESF8 situation and mission status information across healthcare organizations and with other local, regional, state, and federal partners, as appropriate

- o Manage requests for ESF8 resources as necessary and in coordination with the ESF8 Lead, SERT-ESG Supervisor, RCC ESF8 Coordinator, and Healthcare Coalitions (HCCs) as appropriate.

- o Coordinate with the SERT-ESG Supervisor regarding resource missions assigned to the ESF8 Desk to ensure they fit within ESF8 responsibilities, their provision, and resource options if the resource cannot be provided by the state.

- o Coordinate ESF8 resources needed within an HCC as well as manage any resource requests assigned to the HCCs for support of needs outside their regions

- o Coordinate ESF8 resources needed within an RCC area with RCC ESF8 Manager and identify resources that can be tasked directly to the RCCs for fulfillment of regional health and medical needs

- o Coordinate support for ESF8/SMRS field operations with the ESF8 Operations Manager and ESF8 Support Cell Coordinator

- o Field and resolve questions concerning ESF8 response and recovery activities in coordination with the ESF8 Lead

- o Participate in the demobilization of ESF8 Desk operations upon completion of response and recovery activities.

Objective: Assist the ESF8 Desk Manager in coordinating the provision of ESF8 resources in support of health and medical facilities or local ESF8 operations within an area under jurisdiction of a Regional Coordination Center (RCC)

Reports to: ESF8 Desk Manager

Coordinates with: ESF8 Desk Manager, ESF8 Support Cell Coordinator

Actions:
o   Manage ESF8 resources in support of health and medical facilities or local ESF8 operations within the RCC

o   Coordinate information pertaining to affected health and medical facilities and services

o   Facilitate ESF8 mission support at the RCC level

o   Provide direction and support to ESF8 resources assigned to the RCC

o   Conduct medical resource tracking

o   Advise medical resource allocation decisions

o   Assist with the coordination and resolution of operational issues between ESF8 agencies and government jurisdictions.

Position: ESF8 Support Cell Coordinator

Objective: Assist the ESF8 Desk Manager in managing ESF8 responsibilities assigned as part of the SERT particularly when the support and/or coordination functions needed cannot be easily conducted from within the SEOC due to volume or complexity (e.g., SMSS patient movement coordination, etc.)

Reports to: ESF8 Desk Manager

Coordinates with: ESF8 Desk Manager, ESF8 Desk Support Specialist

Supervises: Patient Movement Supervisor, Support Cell Staff

Actions:
- Coordinate with the ESF8 Desk Manager to define initial ESF8 Support Cell responsibilities and the staff and schedule necessary to support the situation.

- Coordinate all aspects of the roles/functions assigned to the ESF8 Support Cell to ensure that the needed support is provided. Potential tasks include:
  - Maintaining situational awareness
  - Managing resource requests
  - Coordinating logistical support for ESF8 field operations
  - Coordination of patient movement operations
  - Vetting of medical supply requests

- Provide support to the Patient Movement Supervisor/Coordinator when activated

- Conduct the demobilization of ESF8 Support Cell upon completion of response and recovery activities.

Objective: Assist the ESF8 Support Cell Coordinator in managing patient movement responsibilities. Provides oversight for all ESF8 operations that involve patient movement activities that include Patient Identification, Placement, Transportation and Tracking (e.g., healthcare facility evacuations, medical support shelter, FCC operations etc.).

Reports to: ESF8 Support Cell Coordinator

Coordinates with: ESF8 Desk Manager

Supervises: Patient Placement Coordinator, Patient Transport Coordinator

Actions:
- o Receive and coordinate the review of Patient Movement Planning forms to estimate total number of patients needing placement and inform decisions on SMSS and transportation needs.

- o Provide patient movement information to the ESF8 Support Cell Coordinator necessary for the completion of Support Cell Situation reports. Required information includes the SMSS Patient Overview, Healthcare Facility Patient Overview, and Transportation Resources Overview sections of the situation report.

- o Respond to entities submitting patient movement requests via phone/email to assist them with the process and follow-up on the status of specific patients.

- o Monitor and report scheduling, staffing, and other needs necessary to maintain patient movement operations to the ESF8 Support Cell Coordinator.
    - o Increase or decrease in personnel needed to support the patient movement operations over the course of an event.
    - o Meal and lodging support necessary to meet the needs of assigned staff.
    - o Expansion or demobilization of facilities necessary to conduct the coordination of patient movement operations during the current and subsequent Operational Periods.

- o Provide support to the Patient Placement Coordinator and Patient Transport Coordinator when activated.

Objective: Assist the Patient Movement Supervisor and the Patient Coordination Center Lead, when the Healthcare Facility Patient Placement Unit is active, with the oversite and management of patient identification and placement processes.

Reports to: Patient Movement Supervisor

Coordinates with: Patient Transportation Coordinator

Supervises: Medical Support Shelter Patient Placement Unit, Healthcare Facility Patient Placement Unit

Actions:
- Coordinate all aspects of patient identification and placement processes. This position is expected to be aware of the:
    - Total number of patients that need placement.
    - Location of patients needing placement.
    - Type of patients needing placement and;
    - Total number of patients that have been placed.

- Receive, vet, and process all requests for patient placement submitted to the Support Cell including:
    - Bulk Patient Movement forms
    - Individual Patient Placement Request forms
    - State Medical Support Shelter Patient Intake forms
    - Other documentation necessary to determine patient placement.
    - Assignment of patients to State Medical Support Shelters.
    - Coordination of patient information and SMSS assignment status with County agencies.
    - Facilitation of assignment of patients to healthcare facilities.

- Monitor patient placement operations and report scheduling, staffing, and other needs necessary to maintain patient placement operations to the Patient Movement Supervisor.
    - Request activation/deactivation of a Healthcare Facility Patient Placement Unit as needed to support the coordination of patient placement to healthcare facilities.
    - Request activation/deactivation of a Medical Support Shelter Patient Placement Unit as needed to support the coordination of patient placement to SMSS facilities.

- Provide support to the Medical Support Shelter Patient Placement Unit and/or the Healthcare Facility Patient Placement Unit when activated.

Position: ESF8 Patient Transportation Coordinator

Objective: Assist the Patient Movement Supervisor with the oversite and management of all patient transportation assets (e.g., EMS resources, Ambulance Buses, non-medical patient transport resources etc.) and missions (with exception of standard procedures for emergent patient transfer from a healthcare facility).

Reports to: Patient Movement Supervisor

Coordinates with: Patient Placement Coordinator

Supervises: Transportation Unit, Tracking Unit

Actions:
- o Monitor the need for and availability of transportation resources for state coordinated patient movement missions. This position is expected to be aware of the:
    - o Number of assets currently deployed.
    - o Number of assets available for deployment.
    - o Time constraints to the movement of assets (weather, distance, etc.)

- o Advise ESF8 leadership on the type and quantity of patient movement assets that need to be activated to support expected patient transportation missions.

- o Receive, process, and/or initiate, and closeout of all forms necessary to initiate and complete the transportation of patients to State Medical Support Shelters and healthcare facilities (if necessary) including:
    - o Vetted Individual Patient Placement Requests.
    - o Transportation Resources,
    - o EMS Resource Assignment and Tracking.

- o Coordinate with agencies sending patients to collect and verify information necessary to process and complete patient transportation requests.

- o Assign and coordinate with available transportation assets (Dedicated and Non-Dedicated) to execute and complete patient transportation missions.

- o Monitor patient transportation operations and report scheduling, staffing, and other needs necessary to maintain operations to the Patient Movement Supervisor.
    - o Request activation/deactivation of Transportation and/or Tracking Units as needed to support the transportation of patients,

- o Provide support to the Transportation Unit and Tracking Unit when activated.

Position: ESF8 Support Cell Staff

Objective: Assist the ESF8 Support Cell Coordinator in managing ESF8 responsibilities assigned to the Support Cell.

Reports to: ESF8 Support Cell Coordinator or Patient Movement Supervisor (when activated)

Coordinates with: ESF8 Desk Support Specialist, Submitting/Requesting Organizations, Patient Transportation Organizations, SMSS Incident Management Team

Actions:
- Execute roles/functions assigned by the ESF8 Support Cell Coordinator to ensure that the needed support is provided. Potential tasks include:
  - Maintaining situational awareness
  - Managing resource requests
  - Coordinating logistical support for ESF8 field operations
  - Coordination of patient movement operations
  - Vetting of medical supply requests
- Provide support to SMSS Facility Patient Placement and Transportation operations by fulfilling the following roles/tasks:
  - Individual Patient Placement Request Review
    - Review of placement requests utilizing the SMSS Patient Guidance and verify that the placement of individuals into an SMSS is appropriate.
    - Consult with the Medical Provider position to resolve requests for additional guidance and resolution of the placement of individuals as needed.
    - Forward approved requests requiring transportation to the Patient Transportation Coordinator for resolution.
    - Provide resolved placement requests to Submitting/Requesting Organizations with SMSS location and contact information.
    - Confirm with Submitting/Requesting Organizations, patient point-of contact and Estimated Time of Arrival (ETA) information.
    - Ensure that patient status through the placement, transportation, and tracking processes is updated appropriately in ReadyOp.
  - Medical Provider
    - Review placement requests to determine proper placement and make the final determination on patient placement.
    - Discuss patient placement with Submitting/Requesting Organizations
    - Consult with the ESF8 Support Cell Coordinator to identify appropriate transportation for SMSS patients requiring transport to the established SMSS.
- Participate in the demobilization of ESF8 Support Cell upon completion of response and recovery activities.

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)
APPENDIX 7: DEMOBILIZATION STANDARD OPERATING GUIDELINE
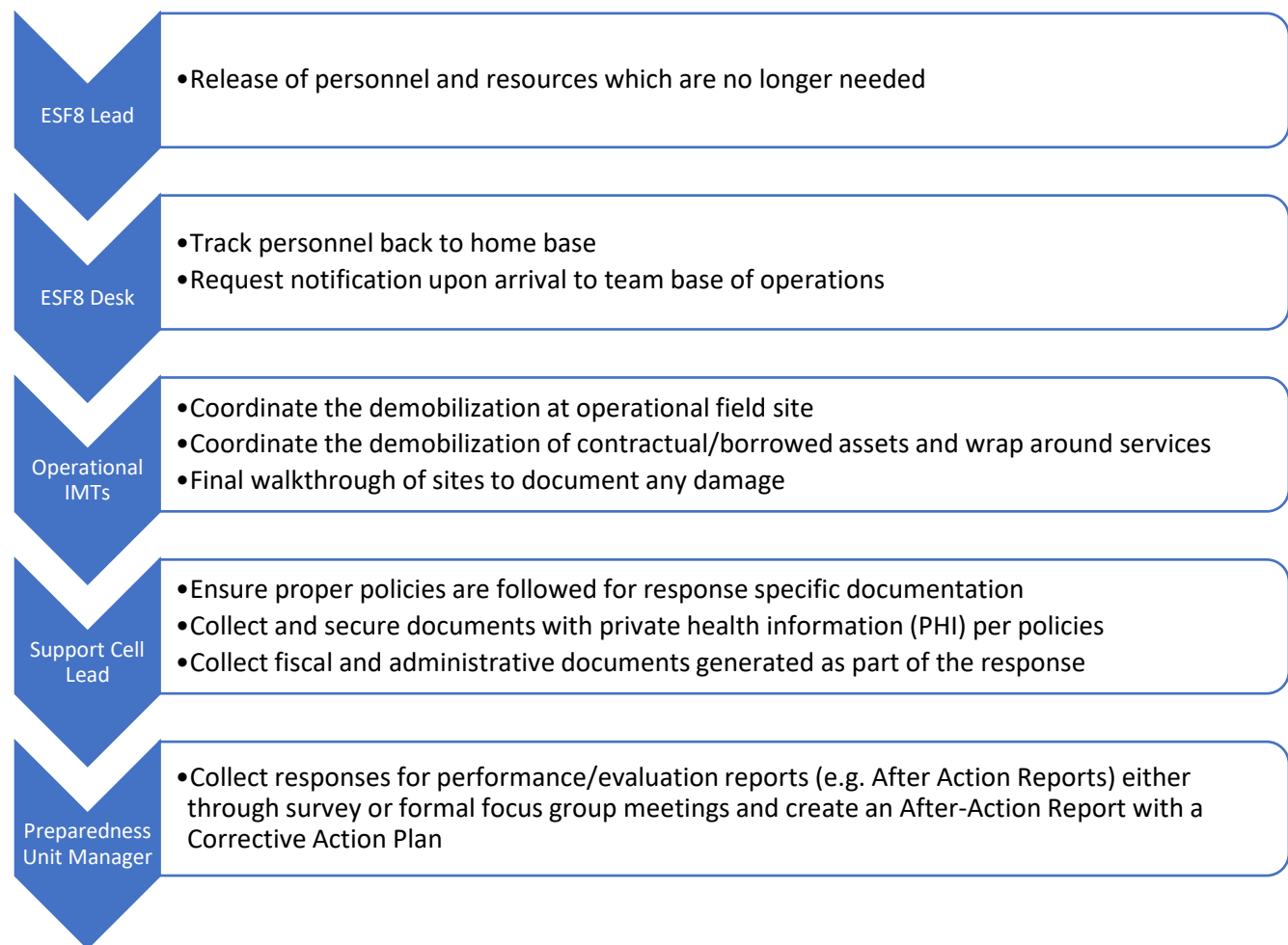# OCTOBER 2023

Table of Contents

Purpose

This document is meant to assist the ESF8 Lead and NCOEMS staff by providing a protocol for the smooth and efficient recovery from emergency operations back to normal daily operations. An efficient recovery is essential for ensuring that the transition back to regular operations is safe, controlled, and cost-effective.

Scope

This document provides guidance for the phased demobilization and recovery from emergency response operations in which North Carolina Office of Emergency Medical Services is the coordinating agency.

Concept of Operations

As response objectives are achieved and the emergency comes under control, the ESF8 Lead may direct the demobilization of various response elements. Much of this decision is driven by the release of resources from local partners and declining census in shelter locations. This process includes:

ESF8 Lead	• Release of personnel and resources which are no longer needed
ESF8 Desk	• Track personnel back to home base • Request notification upon arrival to team base of operations
Operational IMTs	• Coordinate the demobilization at operational field site • Coordinate the demobilization of contractual/borrowed assets and wrap around services • Final walkthrough of sites to document any damage
Support Cell Lead	• Ensure proper policies are followed for response specific documentation • Collect and secure documents with private health information (PHI) per policies • Collect fiscal and administrative documents generated as part of the response
Preparedness Unit Manager	• Collect responses for performance/evaluation reports (e.g. After Action Reports) either through survey or formal focus group meetings and create an After-Action Report with a Corrective Action Plan

Release of Personnel and Resources

At the beginning of every new operational period the ESF8 Lead, along with the ESF8 Operations Manager and other appropriate ESF8 leadership, will make an assessment of the remaining response objectives and determine what response elements should be demobilized. Much of this decision is based on the release of resources from local partners, decline in support needed from ESF8 operational locations, or leadership decisions to scale back resources due to increased availability for local resources to be utilized. Discussions with local partners, operational incident management teams and North Carolina Emergency Management (NCEM) Emergency Services Group (ESG) should occur to determine anticipated resource need timeline as part of this decision-making process.

Communication to all parties involved with the resource (local partner, regional coordination center, incident management team, home agency etc.) should be engaged in the decision on the demobilization timeline to ensure no gap in operations and wrap around services occurs. Notes should be placed in the NCSPARTA WEBEOC resource request. Prior to demobilization of any resources ensure all mission assignment tasks and related documentation have been completed.

Tracking Personnel Back to Home Base

Upon release of personnel and resources, the ESF8 Desk should ensure that tracking occurs back to home base to ensure safe arrival and ongoing support until completion of the mission. Notes should be added to the NCSPARTA WEBEOC as applicable to update the status tracking. This includes contact when heading back to home base, midpoint check (if applicable) and safe arrival back. This can be accomplished via text, phone, radio etc.

Coordinate the Demobilization at Operational Field Sites

Each field operational site Incident Management Team (IMT) is responsible for ensuring that all assets and wrap around services in use at their sites are demobilized appropriately:

a. Make notes in the NCSPARTA WEBEOC resource request when an asset/wrap around service is able to be demobilized including the specific date and time agreed upon in the demobilization timeline.
b. Coordinate directly by phone or email for the release and return of contractual or borrowed assets and wrap around services. This may include physical pickup of assets (e.g., shower trailer) or notification that service can be stopped (e.g., waste management).
    i. If the asset is owned by a SERT partner (e.g., HCC, NCDPH etc.) contact them directly to coordinate pickup or return.
    ii. Majority of contractual items that need to be demobilized should be coordinated with NCEM Logistics
    iii. If NCOEMS owned asset, coordinate directly with ESF8 Operations Manager
c. Once all assets have been released/returned a final walk through of the operational site should occur and any potential damage that is noted should be documented, pictures taken and sent to the NCOEMS Support Cell.

Follow Policies for Response Specific Documentation

During the activation, response specific documentation will be generated at field operational sites, the SEOC ESF8 desk, and the NCOEMS Support Cell. The NCOEMS Support Cell is responsible for ensuring that all documents that are generated are properly collected and managed as outlined below:

a. Collect and secure documents with private health information (PHI) according to NC DHHS policies and manuals: https://policies.ncdhhs.gov/departmental/policies-manuals/section-viii-privacy-and-security
b. Ensure completion of and collection of fiscal and administrative documents generated as part of the response. These documents should be placed in response specific folder on OwnCloud. These documents include expenditure reports, medical support shelter records, patient movement records, incident reports, activity logs, and rosters.
c. Collect any documentation and pictures from operational field site demobilization walk throughs and place them in a separate file name by operational site on OwnCloud.

After-Action Report

Information for an After-Action Report (AAR) should be collected throughout a response while the incident actions are still fresh in responder's minds. This information is critical to improving future response performance and enhancing the morale of responders and their teammates. A ReadyOp form should be created for each new incident and a link to provide the feedback shared at the beginning of an incident, throughout an incident and at the end of an incident.

Main purpose is to capture:
1. What went well?
2. What needs improvement or noted response gaps?
3. What lessons were learned?

The following framework is suggested for the After-Action Report:
1. Report
    a. Accumulation of all incident documentation.
2. Discussion or Survey collection of information that needs to be included for the AAR.
    a. Significant events and actions taken.
3. Analysis
    a. In-depth examination of successes and deficiencies: planning, operational, and organizational.
4. Follow-up
    a. Present recommendations to correct the identified deficiencies.
    b. Designation of required actions and responsible parties.

NCOEMS will complete an AAR within ninety days of incident closeout along with a corrective action plan. The completed report will be distributed to all NCOEMS staff, Healthcare Coalition staff, stakeholders, partners, and grantees. The report should be used to help prioritize future plans, training, exercises, grant purchases and strategic planning.