NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

ANNEX B:

HEALTHCARE SYSTEM RECOVERY

AUGUST 2023

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Purpose

The purpose of the North Carolina Office of Emergency Medical Services (NCOEMS) Healthcare Continuity Annex is to establish the procedures and activities used by the NCOEMS, in its role as the Lead Agency for Disaster Medical Services (ESF8), and its affiliated regional Healthcare Coalitions (HCCs) across the state of North Carolina, for the recovery of healthcare services following a disaster.

Scope

This annex describes the strategic priorities, organization, and concept of operations for recovery activities necessary to maintain healthcare continuity during the initial stages, supported by the State Emergency Response Team (SERT), State Medical Response System (SMRS), and the SERT Recovery Section following activation, and the longer-term stages, administered by both North Carolina Emergency Management (NCEM) and the North Carolina Office of Recovery and Resiliency (NCORR) during the recovery phase.

Mission and Strategic Priorities

Mission: To return essential healthcare services to pre-disaster conditions as quickly and efficiently as possible following a disaster and facilitate coordination and collaboration of recovery activities among state, federal, local, and nongovernmental partners toward that end.

- **Assessment:** Assess the status of all licensed healthcare facilities and their ability to render healthcare care to their communities' post incident. This includes EMS Systems, hospitals, long term care facilities, behavioral health facilities, assisted living facilities, group homes, community health centers, rural health centers, university health centers, school health centers, patient management services, and state-supported medical support shelters.
- **Assistance:** Assist affected healthcare facilities recover lost resources and services. This includes both initial assistance efforts involving immediately available response resources through Healthcare Coalitions and coordination with disaster recovery services through local Emergency Management, as well as long-term efforts involving strategic planning with Healthcare Coalitions, other Divisions of Health Service Regulation organizations, and SERT partner organizations to develop strategies and processes necessary to re-establish safe care in healthcare facilities.
- **Advocacy:** Evaluate progress of re-establishment of healthcare facilities and services and advocate for appropriate changes to established recovery plans and processes necessary to complete the recovery of affected healthcare facilities. Continue to provide guidance and technical assistance to the affected healthcare community and report the ongoing evaluation to the Director of Health Service Regulation.

Situation

- Healthcare facilities and the services they provide are susceptible to disruption from at least the sixteen (16) different natural and technological hazards listed in the North Carolina Disaster Recovery Framework. This annex addresses the recovery of healthcare services from all hazards.
- Healthcare facilities and the services they provide located in the "Piedmont Crescent" (Charlotte to Winston-Salem to Greensboro to Raleigh) serve over half of the population of North Carolina. While the loss of healthcare services in these areas have the potential to impact a large portion of North Carolina's population, these areas contain many redundant and complementary healthcare resources that may be capable of alleviating impacts to healthcare continuity and shortening time to recovery.
- Healthcare facilities and the services they provide located in the Coastal Plain (east of I-95) and Mountain (west of I-77) areas of North Carolina serve smaller and more dispersed populations of North Carolinians and are themselves dispersed more widely without the service density found in the Piedmont Crescent. While the loss of healthcare services in these areas have the potential to impact a smaller portion of North Carolina's population, these areas may need greater assistance, and more

immediately, from healthcare resources outside of their areas to maintain healthcare continuity and recovery times may be longer.

- NCOEMS-ESF8 and our affiliated regional HCCs, working as part of the North Carolina SERT and with the assistance of other Emergency Support Function (ESF) and Recovery Support Function (RSF) groups, their partner organizations, and federal partner agencies, have the capabilities necessary to support the recovery of the state's healthcare infrastructure and services from disasters and maintain healthcare continuity.

Planning Assumptions

The following planning assumptions were made during the development of this annex:

- There are three organizational separations for governmental recovery actions: local, state, and federal. Recovery is a general responsibility of all governments working together.
- City and county governments develop plans to recover their healthcare services using resources to the extent of their capabilities. Regional planning should work in concert with local planning efforts to reduce redundancy and duplication of services while facilitating a fast and effective response.
- State agencies have emergency resources and expertise beyond the capabilities of local government and may be used to assist in disaster recovery.
- Federal agency resources and expertise can be mobilized to augment local and state efforts in the recovery of healthcare services that are beyond the state and local government capacities.
- North Carolina Office of Emergency Medical Services (NCOEMS) is the lead agency for Disaster Medical Services and is responsible for the maintenance, planning, coordination, and execution of the NCOEMS Healthcare Continuity (NCOEMS HC) Annex.
- This Annex will be used in conjunction with the NCOEMS Emergency Operations Plan and is supported by the actions and operations outlined in the plans organized under it.
- The Concept of Operations outlined in this plan can be used for all types of state supported recovery scenarios regardless of the examples provided in this plan.
- Recovery operations are dependent on the coordination of multiple organizations across multiple jurisdictions (e.g., local, state, federal) and support disciplines (e.g., response (ESF), recovery (RSF)), access to those organizations, and may be slow moving. Early notice of lost services, with detailed information concerning the resources necessary to restore them, and knowledge of the appropriate processes for obtaining needed support are essential to timely recovery operations.
- The coordination of recovery activities in this Annex assumes activation of the State Emergency Operations Center (SEOC) and a request for support from a local or regional partner for an HCC and/or NCOEMS to assist during and following a disaster.
    - HCCs will work directly with affected healthcare facilities and coalition stakeholders (e.g., local Emergency Management, Public Health, Human Services, etc.) to assess, assist, and advocate for the restoration of healthcare services lost within their regions.
    - NCOEMS will work directly with HCCs to support recovery efforts, direct and/or facilitate any state or federal level support, and coordinate healthcare services recovery efforts statewide, as necessary to meet the mission and strategic priorities set out in this Annex.
- In most cases, the first step for healthcare facilities in requesting assistance should be through notification to their local Emergency Management agency. The plans and processes described in this Annex support and attempt to ensure that local Emergency Management agencies are notified of needs within their jurisdictions.
- Ideally, all North Carolina healthcare organizations and facilities should maintain and execute their own plans for recovery. Additionally, those plans should be integrated with or recognized within the larger recovery plans of the jurisdictions that they directly serve to maximize the chance for efficient and effective restoration of healthcare services.

Concept of Operations

Activation

This Annex will be activated concurrently with the activation of the NCOEMS Emergency Operations Plan.

Assessment

Processes utilized to assess impacts to healthcare facilities and their services are complementary and occur before, during, and after disasters. They include conference calls, situation reporting, and impact assessments conducted by both NCOEMS and each regional Healthcare Coalition (HCC) in accordance with their response plans. Immediately prior to and during disasters, this information is collected via conference calls and situation reports directly from healthcare facilities by their associated HCC and then shared with NCOEMS via ESF8 conference calls and situation reports. Post-disaster, this information is collected primarily through post-disaster impact assessments via ReadyOp and/or other HCC-specific methods in accordance with their response plans. While NCOEMS and the HCCs have developed standard essential elements of information (EEI) to be utilized for these assessments, these EEI are expected to be modified to the specific disaster situation as necessary. Additional information addressing situational awareness and information sharing processes between HCCs and NCOEMS can be found under **ANNEX F: Situational Awareness & Information Sharing** of the NCOEMS EOP.

On-Scene Assessments and Strategic Planning

In situations in which on-scene damage assessment is necessary, NCOEMS, in coordination with the Division of Health Service Regulation (DHSR) Construction section, may take part in the on-scene assessment of the damaged healthcare infrastructure. These assessments may be utilized for developing strategic plans for assistance in reestablishing lost healthcare facilities and services and/or the development of changes in regulatory requirements to reestablish safe care. Strategic planning efforts will include representation from affected facilities, relevant SERT partners, and relevant healthcare partner agencies including:

- NC Healthcare Facilities Association
- NC Association, Long Term Care Facilities
- NC Community Health Association
- NC Association of Home Care and Hospice
- NC Office of Rural Health
- NC Healthcare Association
- NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
- NC Division of Aging and Adult Services

Progress in the development and implementation of strategic plans toward the recovery of affected healthcare facilities and services will continue to be assessed over time, shared with HCCs, and with the SERT Leader, Secretary of DHHS, and Director of DHSR as necessary and requested.

Assistance

Processes addressing assistance provided to healthcare facilities for the recovery of lost services include those conducted initially to prevent or minimize the immediate loss of healthcare services in an area as well as those conducted over a longer-term which focus on the return of healthcare facilities/services to their pre-disaster levels. Initial assistance efforts are meant to provide only temporary support, available over a limited period time, while long-term assistance efforts are meant to address the healthcare need permanently by repairing or replacing what was lost, in accordance with regulatory requirements (see, **On-Scene Assessments and Strategic Planning** above). Requests by healthcare organizations for both initial and long-term recovery assistance typically begin at their local Emergency Management agencies. HCCs may assist healthcare organizations with

the request process. NCOEMS and HCCs may also provide, or facilitate the provision of, any initial or long-term assistance deemed necessary according to strategic plans developed from on-scene assessments.

Initial

Impacts to healthcare facilities and their services captured through an assessment process will be addressed initially through standard resource request processes utilizing WebEOC primarily and ReadyOp in some cases. These processes are outlined in each HCCs response plan as well as **Appendix 4: Medical Resource Management SOG** of the NCOEMS EOP.

As necessary, HCCs will work with healthcare organizations and local Emergency Management agencies to facilitate the submission of requests for resources. As requests are received, NCOEMS will attempt to connect each request with a proper resource, including appropriate HCC and NCOEMS resources. NCOEMS and HCCs can provide a wide range of resources to meet the operational needs of healthcare facilities. Collectively, through their maintenance of medical supply warehouses, support for Medical Reserve Corps units, the Mobile Disaster Hospital, and other affiliations through lead hospitals (HCC), and DHSR (NCOEMS). The following types of resources may be available:

- Operational space (e.g., trailers, tents, FORTS units, etc.)
- Medical equipment/supplies (e.g., ventilators, patient monitors, dialysis, oxygen, morgue, etc.)
- Support personnel (medical, emergency management, cybersecurity)
- Support equipment (e.g., generators, lights, HVAC, water treatment, communications, etc.)
- Medical Department Modules (e.g., Emergency Department, X-Ray Room, etc.)

Long-Term

Long-term recovery assistance processes involve the acquisition of funds needed to rebuild or replace lost healthcare infrastructure and resources. These processes are complex and involve connecting healthcare facilities with the various state-level recovery agencies/sections responsible for managing and disbursing disaster recovery funds in the form of grants or loans. The main agencies/sections involved include the SERT Recovery Section, their various Recovery Assistance Programs (RAP), North Carolina Office of Recovery and Resiliency (NCORR), and the Small Business Administration (SBA). The table below summarizes each program, the resources they can be provided, general eligibility, and application contact.

State/Federal Disaster Recovery Assistance:

State/Federal Disaster Recovery Funding Resources			
Agency/Section-Program	**Resource and Use**	**Eligibility***	**Application - Contact**
NCEM/Recovery - Public Assistance	Provides access to State and FEMA Public Assistance (PA) grants to reimburse costs of the repair/replacement of disaster-damaged infrastructure.	State & local governments, private, non-profit groups	Requester applies directly - https://www.ncdps.gov/our-organization/emergency-management/disaster-recovery/public-assistance
NCEM/Recovery - Hazard Mitigation	Provides access to FEMA Disaster Recovery (DR) grants to support recovery efforts including hazard mitigation for disaster-damaged infrastructure.	State & local governments, private, non-profit groups	Requester applies through their county government - https://www.ncdps.gov/our-organization/emergency-management/disaster-recovery/hazard-mitigation
NCORR - ReBuild NC	Provides access to HUD Community Development Block Grant-Disaster Recovery (CDBG-DR) grants and loans to repair, rebuild, or develop new public	Local governments	Requester applies directly - https://www.rebuild.nc.gov/

	buildings and infrastructure, cover operating expenses, and build capacity.		
SBA - Disaster Assistance	Provides access to low-interest loans to businesses to repair or rebuild their property and to recover from loss of wages and income.	Non-governmental and private, for-profit groups	Requester applies directly - https://www.sba.gov/funding-programs/disaster-assistance
*NOTE: Availability of all funding sources, except PA, is dependent on a federally declared disaster. PA funds may also be available for state declared disasters			

Access Requirements and Considerations: Access to most disaster recovery funds by healthcare organizations requires them to meet the specific requirements of the recovery agency/section providing the funds however, the following basic requirements usually will apply:

- Applicant – Healthcare organization meets eligibility requirements
- Facility (Service) – The infrastructure/service being recovered are owned and maintained by the applicant organization and were operational prior to the disaster
- Work – The work performed or to be performed will return the infrastructure/service to pre-disaster condition and is/was directly due to the disaster and is/was in a declared disaster area
- Cost – The costs are directly tied to the approved work minus any credits (e.g., insurance payments, salvage income, etc.).

Other issues affecting access to these funds that should be considered by healthcare organizations and Healthcare Coalitions assisting them through the process include:

- There is no common application for disaster recovery funds. If a healthcare organization is eligible for support through more than one program, separate applications must be made
- Application for eligibility can be applied for anytime pre- or post-disaster. Application pre-disaster is recommended
- There may be time limits for application by eligible organizations for funds. Applications for most FEMA funds must be submitted within 30 days of the FEMA disaster declaration date
- Cost estimation is viewed as the responsibility of the healthcare organization requesting the funds. There are no state programs that assist with this process due to conflict-of-interest concerns. It is recommended that healthcare organizations, without the expertise to make these estimations internally, contract for this service

Process and Roles:

Preparedness Phase (Pre-Disaster):

- Healthcare organizations apply for eligibility for long-term recovery assistance with appropriate state-level recovery agencies/sections (refer to **State/Federal Disaster Recovery Assistance** above)
- Local Emergency Management agencies and HCCs encourage healthcare organizations to apply for eligibility and may provide assistance with the application process upon request
    - HCCs contacted for assistance should ensure that healthcare organizations have coordinated with their local Emergency Management agency
- Applications are reviewed by the state-level recovery agencies/sections to confirm or deny eligibility. NCEM maintains fifteen (15) Public Assistance Teams statewide for receiving and evaluating PA applications for eligibility (**see NCEM PA Team Contacts at:** https://www.ncdps.gov/PAContactMap)

Recovery Phase (Post-Disaster (assumes that the healthcare facility has established eligibility)):

- Healthcare organizations notify their local Emergency Management agency and HCC of their need for long-term recovery assistance and collect information necessary to support their request to the

appropriate state-level recovery agency/section (refer to **Access Requirements and Considerations** above). If recovery assistance is awarded, healthcare organizations maintain accurate documentation of use of funds and performs the approved work.

- Local Emergency Management agencies encourage healthcare organizations to apply for assistance and provide assistance with this application process, if necessary (e.g., documentation of need, communication with appropriate state-level long-term recovery agencies/sections, etc.)
- HCCs ensure that healthcare organizations have coordinated with their local Emergency Management agency as well as any appropriate state regulatory agencies. In coordination with the local Emergency Management agency and healthcare organization, HCCs may assist with any aspect of this application process
- NCOEMS coordinates, as necessary, with NCEM, DHSR, and other relevant healthcare partner/regulatory agencies at the state-level in support of efforts to assist healthcare organizations through the process of obtaining recovery assistance.

Advocacy

Processes addressing advocacy for the complete recovery of healthcare infrastructure and services to pre-disaster conditions begin during the Preparedness phase and extend through the phases of Response and Recovery. Through these phases NCOEMS and its affiliated HCCs work together and with the SERT and healthcare organizations, as appropriate, to promote actions that mitigate the impact of disasters, ensure that unmet needs resulting from disasters are addressed, and assist with the resolution of recovery delays as necessary.

Process and Roles

Preparedness Phase (Pre-Disaster):

The assessment of vulnerabilities to the operations of healthcare organizations and development of capabilities and plans to address them are the most important factors in minimizing the negative impacts during disasters. In particular, the assessment of critical infrastructure necessary to support healthcare operations (e.g., Energy, Water, Access, etc.) and the development of plans, contracts, memoranda of agreements, etc. designed to protect and sustain critical infrastructure on which healthcare organizations are dependent are key to minimizing or negating the need for recovery operations during the response and recovery phases.

During this phase, Healthcare Coalitions support these efforts by:

- Working through their Coalitions to advocate for healthcare organization-level assessments of vulnerabilities that may negatively impact the delivery of healthcare services during disasters and for the development of capabilities and plans to address and minimize the vulnerabilities identified
- Coordinating assessment and planning efforts of healthcare organizations with similar/supporting efforts made by local Emergency Management agencies as necessary and appropriate to avoid unnecessary duplication of effort and improve overall visibility of capabilities and plans being developed

Additionally, HCCs may encourage healthcare organizations to utilize various critical infrastructure protection services available through the NCEM Infrastructure Section. These services include the conduct of facility-level Infrastructure Vulnerability Assessments (IVAs). Completed IVAs provide healthcare organizations with a written report identifying critical infrastructure strengths and vulnerabilities, recommended development of plans, capabilities, and other options for addressing identified vulnerabilities, and a listing of agencies/organizations that may assist with addressing the vulnerabilities identified. These services may be accessed through the Healthcare Coalition or directly by the facility to the NCEM Infrastructure Section by contacting **919-825-2500** and asking for a member of the Critical Infrastructure/Homeland Security Team.

Response Phase (Disaster):

During this phase, the ESF8 Lead, will work closely with the Emergency Services Group Supervisor (ESG Supervisor) and participate in a series of briefings and meetings coordinated and facilitated by the SERT Leader and NCEM Section staff. These interactions provide the opportunity for the needs of healthcare organizations, statewide, to be elevated to the awareness of SERT leadership, ESF organizations (e.g., Human Services, Public Works, Energy, etc.), and Sections (e.g., Logistics, Infrastructure, Recovery, etc.), so that they can be evaluated and prioritized for resolution within the SERT Incident Action Plan (IAP). These interactions also provide the opportunity for coordination of support to resolve issues resulting from the loss of critical infrastructure and for continuity in the delivery of recovery support from the Response phase into the Recovery phase. In general, the process includes the following activities:

- Healthcare services needs that are unmet are reported to the Emergency Services Group Supervisor (ESG Supervisor) by the ESF8 Lead, or their designee, based on situation reports, assessments, and resource requests submitted from HCCs and/or on-scene assessment teams. See **Assistance – Initial**, above.
- ESG Supervisor provides awareness of unmet needs to SERT leadership and assists the ESF8 Lead in identifying and beginning coordination with SERT ESFs and Sections that may be able to provide support to meet the assessed needs
- ESF8 Lead, or their designee, and/or the ESG Supervisor, participate in SERT briefings, Leadership meetings, and Tactics meetings, as necessary, to further inform and guide the development of the SERT IAP and other supporting plans of action (initial and long-term) to address unmet needs.
    - Loss of Critical Infrastructure: The ESF8 Lead, or their designee coordinate with the NCEM Infrastructure Section, and appropriate ESF organizations, on the identification of available resources (Federal, State, Private Industry, etc.) and plans of action necessary to restore critical infrastructure affecting the operation of healthcare organizations and delivery of healthcare services
    - Prioritization of Critical Infrastructure: The prioritization of critical infrastructure recovery is situational, based on the unique set of problems presented by each disaster. Lost critical infrastructure with immediate negative impacts on lives and life safety hold the highest priority in North Carolina. For this reason, the recovery of critical infrastructure necessary to restore lost healthcare services is always a high priority for the SERT regardless of the situation. The ESF8 Lead, or their designee, work within the processes established by the SERT Leader and Infrastructure staff to prioritize the recovery of critical infrastructure affecting the delivery of healthcare services
    - Transition from Response to Recovery: The ESF8 Lead, or their designee coordinate with the NCEM Infrastructure and Recovery Sections, as necessary, to ensure the continuity of action plans for the restoration of healthcare services as the SERT Leader transfers responsibility for continuing operations from Response organizations (ESFs) to the NCEM Recovery Section and Recovery Support Function (RSF) organizations under the **North Carolina Disaster Recovery Framework**
    - ESF8 Lead, or their designee, ensure that plans and information regarding the recovery of lost health care services are shared with HCCs (e.g., Coordination calls) and with NCDHHS leadership as necessary and requested

Recovery Phase (Post Disaster):

During this phase, the HCCs will work closely with affected healthcare organizations within their region and with the ESF8 Lead to assess and report the progress of recovery efforts, provide appropriate assistance (**see, Assistance – Long Term, above**), and participate in the resolution of delays in the recovery process as

appropriate. HCCs will also continue to advocate for the reassessment of vulnerabilities and the refinement of plans and capabilities as affected healthcare organizations attain their recovery goals. The ESF8 Lead, or their designee, will maintain awareness of ongoing healthcare recovery processes and progress and maintain a dialog with SERT Recovery, Infrastructure, RSF, and other involved organizations in support of the HCCs and the recovery efforts of healthcare organizations across the state.

Figure 1.0: NCOEMS Recovery Support High-Level Process

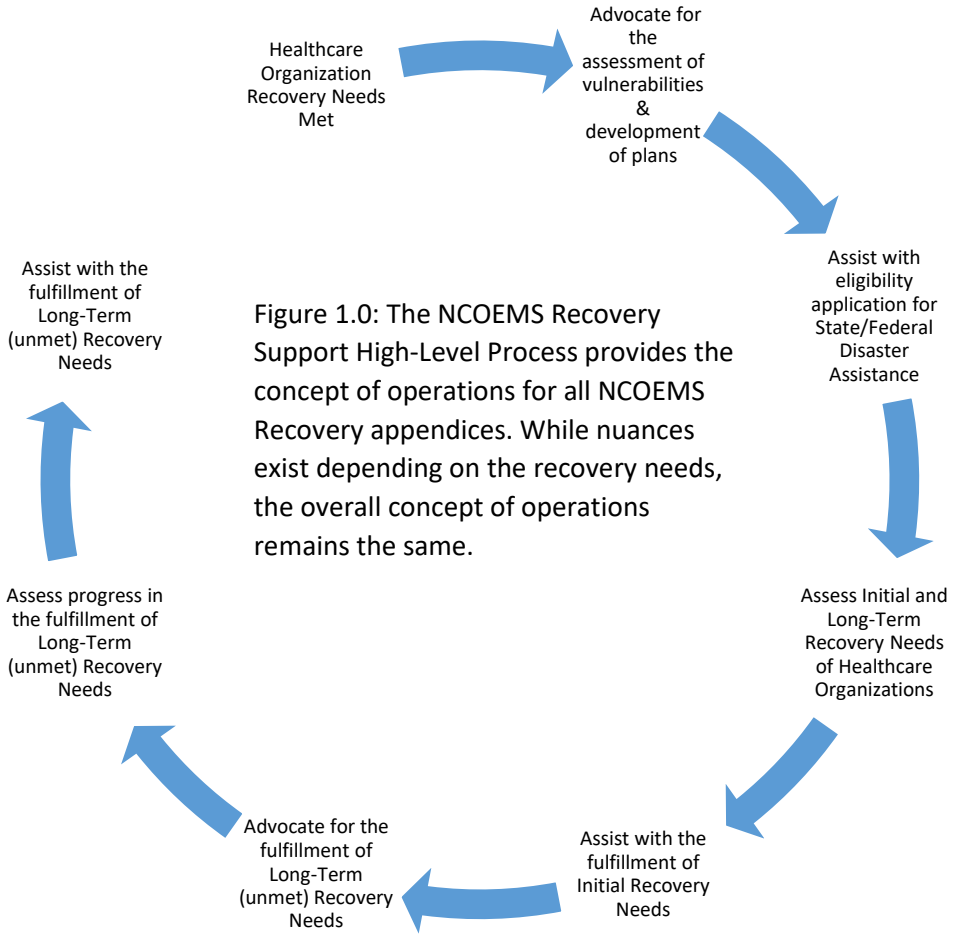

Figure 1.0: The NCOEMS Recovery Support High-Level Process provides the concept of operations for all NCOEMS Recovery appendices. While nuances exist depending on the recovery needs, the overall concept of operations remains the same.