

Mountain Area Healthcare Preparedness Coalition

Preparedness Plan



Mountain Area Healthcare Preparedness Coalition

REVISION LOG

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ACRONYMS

ASPR	Assistant Secretary of Preparedness and Response
EM	Emergency Management
HPC	Healthcare Preparedness Coordinator
HPP	Healthcare Preparedness Program
MAHPC	Mountain Area Healthcare Preparedness Coalition
MATRAC	Mountain Area Trauma Regional Advisory Committee
MRMRC	Mountain Regional Medical Reserve Corps
SMAT	State Medical Assistance Team
SC	Steering Committee

1. INTRODUCTION

1.1

PURPOSE OF PLAN

This plan documents the administrative organization, protocols, and procedures followed by the Mountain Area Healthcare Preparedness Coalition (MAHPC) in order to provide transparency and continuity. It outlines how MAHPC communicates, plans, and coordinates with individual health care organizations, and regional and state ESF8 partners to prepare for and respond to emergencies.

1.2

SCOPE

The MAHPC Preparedness Plan is intended to inform regional stakeholders and ESF8 partners about the structure and functions of MAHPC in planning for and responding to real world events. It outlines the current capabilities and resources of MAHPC, and the framework for MAHPC's role.

This plan is specific to the geographic area outlined in section 2.2

1.3

ADMINISTRATIVE SUPPORT

MAHPC maintains 3 full-time employees: Healthcare Preparedness Coordinator, Assistant Healthcare Preparedness Coordinator, and a Logistics Specialist. MAHPC's contract through NCOEMS is administratively and financially managed by Mission Health System, and MAHPC program activity is overseen by Mission Health System's Emergency Services department. A Steering Committee comprised of membership from core partners assists in the facilitation, development, and coordination of strategic planning, ensuring full regional and stakeholder-inclusive programming.

All of the membership is involved in revisions and updates and the MAHPC staff and Steering Committee. This plan will be reviewed annually at a minimum, or following exercises or real world events. The HCC will engage outside stakeholders as necessary to address any planning gaps that are identified during the review process.

2. COALITION OVERVIEW

2.1

INTRODUCTION/ROLE/PURPOSE OF COALITION

Mission: The mission of the Mountain Area Healthcare Preparedness Coalition (MAHPC) is to facilitate coordination and cooperation throughout the MAHPC region to ensure partners have the capability and capacity to mitigate against, prepare for, respond to, and recover from emergent health and community events, incidents, and disasters.

With federal funding distributed through NCOEMS, MAHPC has established an infrastructure to enable the HCC to:

- Coordinate with EMS, emergency management, public health, hospitals, community health centers, outpatient clinics, specialty healthcare services such as dialysis and surgery centers, and other point of service healthcare organizations.
- Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster preparedness, response, and recovery capabilities.
- Coordinate the allocation and distribution of emergency medical care resources.
- Interface with the appropriate level of emergency operations by sharing information among participating health care organizations and with jurisdictional authorities to promote common situational awareness.
- Provide a framework for a continuous cycle of planning, organizing, training, exercising, and evaluating events – planned and unplanned. The “open” framework of the network allows other partners and members to be added to the coalition subject to the member expressing interest and a level of engagement. It is anticipated that members will change and broaden due to the changing pace, politics, policy of the healthcare landscape.

2.2

COALITION BOUNDARIES



MAHPC’s region includes the following counties/jurisdictions:

Cherokee, Graham, Clay, Swain, Macon, Jackson, Haywood, Transylvania, Madison, Buncombe, Henderson, Yancey, Mitchell, Avery, McDowell, Rutherford, Polk, and the Eastern Band of Cherokee Indians.

MAHPC participates in an active network of healthcare coalitions across North Carolina, as well as bordering state HCCs: Tennessee, Georgia, and South Carolina. This allows for planning, response, and recovery collaboration outside of our own geographical boundaries.

2.3

COALITION MEMBERSHIP

- Essential Partners: Hospitals and other healthcare providers, EMS systems, public health, long term care facilities, emergency management agencies, public safety, mental and behavioral health providers, private entities associated with healthcare, specialty service providers, support service providers, primary care providers, community health centers, and federal entities
- Law enforcement, fire departments, schools, social services, public works, transportation services, etc.
- Regional agencies who would assist in a medical and health response to a disaster are invited to participate as non-voting members. This would include behavioral health agencies, Red Cross, Urban Search and Rescue, or any volunteer agencies or schools and colleges
- Healthcare and Emergency Management (EM) planning regions and associations that support healthcare preparedness. (i.e. NC EM Domestic Preparedness Regions [DPR], Public Health Preparedness &

Response Regional Representatives, NC Association of EMS Administrators, NC Hospital Association, NC Emergency Management Association, NC Association - Long Term Care, NC Assisted Living Association, NC Law Enforcement Officers' Association, etc.)

- Any state agency (i.e. NC Department of Public Safety – Emergency Management, NC Office of EMS, NC Hospital Association, NC Public Health, NC Dept. Ag., NC National Guard) who would assist in the planning or response may be included as non-voting members

2.4

ORGANIZATIONAL STRUCTURE/GOVERNANCE

MAHPC maintains an internal structure to support coalition activities and operations.

The Coalition has:

- Membership that includes core and partner organizations and entities.
- A Regional Healthcare Preparedness Coordinator and staff for day to day operations.
- A Steering Committee to conduct Coalition business as directed by the membership.
- Subcommittees and workgroups organized as by the membership that can function temporarily or long-term, as needed.

Specific roles and responsibilities by membership type are described in both the MAHPC Steering Committee Bylaws (Appendix B) and Coalition Bylaws (Appendix C) to include member guidelines for participation and engagement as well as policies and procedures for making changes and delegation of authority. MAHPC's Steering Committee and staff will develop and review all coalition related plans, budget, and other items as needed.

2.4.1

ROLE OF LEADERSHIP WITHIN MEMBER ORGANIZATIONS

See MAHPC Steering Committee Bylaws (Appendix B) for Steering Committee membership responsibilities and purpose.

2.5

RISK

MAHPC's HVA identifies hazards and risks that are most likely to have an impact on health care services or the continuity of health care delivery in the region. MAHPC defines, identifies, and prioritizes risks, utilizing data from regional and facility/agency HVAs. The HVA helps the Coalition to determine resource needs and gaps, identify healthcare entities who may require additional assistance before, during, and after an emergency, and highlight applicable regulatory and compliance issues. The Coalition uses the information about these risks and needs to develop training and exercises and to prioritize preparedness strategies.

2.6

GAPS

See MAHPC HVA (Appendix D) for identified regional gaps.

2.7

COMPLIANCE REQUIREMENTS/LEGAL AUTHORITIES

MAHPC will meet requirements as prescribed by ASPR's (Assistant Secretary for Preparedness and Response) Hospital Preparedness Program (HPP), North Carolina's Office of EMS (NCOEMS) program guidance for healthcare coalitions, as well as other federal programs such as Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness Program, Centers for Medicare and Medicaid Services (CMS), and accrediting bodies such as The Joint Commission.

3. COALITION OBJECTIVES

3.1

MAINTENANCE AND SUSTAINABILITY

MAHPC develops and promotes healthcare emergency preparedness and response capabilities across the region. MAHPC plans for a full range of emergencies as well as both planned and unplanned events. The Coalition will facilitate healthcare organizations and other partners in working together collaboratively to build, strengthen, and sustain a healthcare preparedness and response system within the region and state.

The Coalition's sustainability will be achieved by the following objectives:

- Coordination of the emergency preparedness efforts of stakeholders across the region to enhance the likelihood of an effective and efficient response during an event, incident, or disaster.
- Foster communication and collaboration between local, regional, and state partners for all hazards planning and response.
- Increasing overall readiness through the coordination of region wide all hazards training and exercises.
- Promotion of preparedness in the healthcare community through use of evidence-based practices.
- Integration of regional medical and healthcare capabilities with other partner resources.
- Developing and managing the Assistant Secretary for Preparedness and Response (ASPR) Healthcare Preparedness Program (HPP) grant in a fiscally prudent manner.
- Maintaining the resources and assets of the Coalition.

3.2

ENGAGEMENT OF PARTNERS AND STAKEHOLDERS

Healthcare entity executives (clinical and non-clinical) are encouraged to participate in MAHPC meetings and activities. Many members of the Coalition incorporate MAHPC capabilities into their internal emergency preparedness and response plans and structure. MAHPC also provides preparedness and response technical assistance to stakeholders, as well as engagement through meetings, training, exercises, and outreach. The MAHPC website (www.matrac.com) strives to provide exposure of coalition activities.

MAHPC partners closely with the Regional Trauma Advisory Committee, which provides a connection between stakeholders and the Mission Hospital Level II trauma center. The Trauma Advisory Committee has built a robust collaboration between Mission Hospital and partnering agencies to promote excellence and quality outcomes in trauma patients. They also provide educational opportunities related to injury prevention, treatment/management, disaster response guidance, and evidence based research findings.

4. WORKPLAN

4.1

ROLES AND RESPONSIBILITIES

MAHPC develops an annual work plan which covers the dates of each HPP grant budget period. The work plan is based on ASPR's HPP capabilities and the state contract, as well as input from regional coalition stakeholders. The work plan is subject to approval by both the Steering Committee and NCOEMS may be updated upon request of NCOEMS.



**Mountain Area Healthcare
Preparedness Coalition**

Mountain Area Healthcare Preparedness Coalition CODE OF ETHICS

The preservation of the highest standards of integrity and ethical principles is vital to the successful discharge of the professional responsibilities of MAHPC's healthcare preparedness and response program and affiliated agencies and personnel. The Mountain Area Healthcare Preparedness Coalition (MAHPC) has adopted this Code of Ethics in an effort to stress the fundamental rules considered essential to this basic purpose. MAHPC and its affiliated agencies and personnel are obligated to avoid conduct that is inconsistent with the spirit and purpose of the code. Failure to specify any particular responsibility or practice in this Code of Ethics should not be construed as denial of the existence of other responsibilities or practices. Recognizing that the ultimate responsibility for applying standards and ethics falls upon each Individuals/organizations, MAHPC establishes the following Code of Ethics to make clear its expectation of its stakeholders and partners.

Expectation I

Individuals/organizations shall hold paramount the welfare of people/entities for whom support is provided.

MAHPC partners shall:

- Strive to provide the highest quality of care of appropriate services possible in light of resources or other constraints.
- Operate within the mission consistently with laws, regulations, and standards of practice recognized within oversight organizations and healthcare emergency response.
- Consistent with law and professional standards, protect the confidentiality of information regarding recipients of care.
- Perform duties with integrity that will earn the confidence, trust, and respect of stakeholders.
- Take appropriate steps to avoid discrimination on basis of race, color, religion, sex, pregnancy, sexual orientation, citizenship status, national origin, age, physical or mental disability, past, present or future status in the U.S. uniformed services, genetics or any other characteristic protected under applicable law.

MAHPC partners shall not:

- Disclose professional or personal information regarding recipients of service to unauthorized personnel unless required by law or to protect the public welfare.

Expectation II

Individuals/organizations shall maintain high standards of professional competence and conduct.

MAHPC partners shall:

- Possess and maintain the competencies necessary to effectively perform designated responsibilities.
- Actively strive to enhance knowledge of and expertise of emergency preparedness and response through continuing education and professional development.
- Demonstrate conduct that is in the best interest of the mission and profession.

MAHPC partners shall not:

- Misrepresent qualifications, capabilities, or affiliations.
- Provide services other than those for which the entity is prepared and qualified to perform.
- Conduct themselves in a manner detrimental to the best interest of the activity or response.

Expectation III

Individuals/organizations shall strive to maintain a professional posture that places paramount the interests of the region and response activities.

MAHPC partners shall:

- Avoid partisanship and provide a forum for the fair resolution of any disputes that may arise in service delivery.
- Disclose any actual or potential circumstance concerning actions that might reasonably be thought to create a conflict of interest or have a substantial adverse impact on MAHPC stakeholders.

MAHPC partners shall not:

- Participate in activities that reasonably may create a conflict of interest or have the potential to have a substantial adverse impact on the region or response activities.

Expectation IV

Individuals/organizations shall honor responsibilities to the public, their profession, and relationships with colleagues, agencies, and members of related professions.

MAHPC partners shall:

- Foster increased knowledge within healthcare emergency preparedness and response and support activity efforts toward this end.
- Participate with MAHPC stakeholders and partners in the region to plan for and provide a continuity of operations.
- Share areas of expertise with partners and constituents to increase awareness and promote understanding of healthcare capabilities during extreme circumstances

MAHPC partners shall not:

- Defend, support, or ignore unethical conduct perpetrated by colleagues or peers.



Mountain Area Healthcare
Preparedness Coalition

Mountain Area Healthcare Preparedness Coalition Steering Committee BYLAWS

ORGANIZATION

The name of this organization shall be called Mountain Area Healthcare Preparedness Coalition Steering Committee (MAHPC-SC).

STEERING COMMITTEE RESPONSIBILITIES AND PURPOSE

1. Facilitate the development of the MAHPC program initiatives and ensure they are consistent with current funding guidelines of the ASPR Grant, the MAHPC strategic plan, and ASPR Healthcare Preparedness guidelines.
2. Develop and maintain the strategic plan for the Mountain Area Healthcare Preparedness Coalition (MAHPC).
3. Coordinate regional approach to community wide emergency planning, training and response.
4. Specify the composition and direct the activities of sub-committees based upon information received from the MAHPC Healthcare Preparedness Coordinator (HPC) or consensus of the MAHPC membership.
5. Consider for approval recommendations made by sub-committees and work groups.
6. Develop and approve regional projects for the ASPR HPP grant submissions.
7. Define and recommend processes and/or standard operating guidelines of the MAHPC to include, but not limited to, review of the MAHPC Healthcare Coalition Support Plan.
8. Assist the MAHPC Healthcare Preparedness Coordinator with decisions regarding resource allocation, when requested.
9. Additional activities as requested.

MEMBERSHIP

Section A. Representation

The voting membership of the MAHPC Steering Committee shall be composed of one representative chosen from, but not limited to, the following list of disciplines:

- Rural Hospital
- Trauma Center
- Rural EMS
- Urban EMS
- VA Hospital (*recognized as a tie-breaking entity)
- Community Health Care/Rural Health Care/Home Health/Hospice
- Private Practice Physician or SMAT Medical Director
- Tribal Representative
- Local County Emergency Manager
- 911 Call Center
- Public Health
- Licensed Care Facilities
- SMAT II
- SMAT III
- Medical Reserve Corps
- Ambulance Strike Team

Ad Hoc Non-Voting Representation is extended, but not limited to:

- MAHPC Staff
- NCOEMS Western Regional Office
- Western Regional Branch Office of Emergency Management
- Mission Healthcare Foundation Representative
- System Emergency Management Coordinator, Mission Hospital

- Other Services: including Law enforcement agencies, dialysis centers, fire departments, public works, transportation services, additional volunteer agencies such as the American Red Cross, and other preparedness and response stakeholders.

Section B: Terms of Steering Committee Membership

- There are no limits on membership terms.
- Any member may resign by giving notice to the Chair or the Coordinator of the RAC Coalition, to be effective upon receipt or any later date specified in the notice.
- Members who breach conflict of interest/confidentiality may be removed by a majority vote of members present. The issue would be brought before the Steering Committee for consideration by the full membership.
- Membership shall be reviewed annually at the first meeting of each fiscal year (August).

Section C: Nomination and Election

Any member of the committee, the regional Healthcare Preparedness Coordinator (HPC), or the Assistant Regional Healthcare Preparedness Coordinator (AHPC) may nominate candidates for open seats. A person must receive a majority of the votes of those present for the meeting or by electronic voting.

Section D: Resignation and Replacement Election

If a member finds it necessary to resign from the committee, they are encouraged to remain until a replacement can be selected and to provide as much notice as possible. A replacement will be nominated and elected by the above standards. If a member resigns in the middle of the term, the new committee member will serve as above.

Section E: Attendance Expectations/ Removal from the Committee:

Regular attendance is vital to the purposes of the committee. A member may be automatically removed from the committee if (s)he misses two (2) consecutive posted meetings or 30% of the scheduled meetings in any year without arranging for a proxy.

Section F: Proxies

A committee member wishing to vote by proxy must prepare a statement in writing and submit it to the MAHPC HPC stating their authorization of a specifically named alternate from their discipline to attend the meeting and/ or cast a vote in his/ her absence. A proxy shall only be valid at the meeting for which it is executed.

MEETINGS

The Steering Committee shall meet quarterly. In the event that items needing addressed prior to the stated meeting, additional meetings may be scheduled by the HPC or the Steering Committee. The exact date, time, and physical location of the meeting will be determined by the HPC and committee members, based on space availability. An option of virtual attendance for members that are unable to attend in person will be made available upon request.

Each meeting is announced by email one month, then two weeks in advance of the meeting. In the case of a special meeting, such notice will state the purpose of the meeting and will be sent 5 business days in advance.

STEERING COMMITTEE OFFICERS

Section A: Officers of the Committee

The following officers will be elected from the Steering Committee Membership:

1. Chair
2. Vice-Chair
3. Secretary

Section B: Restrictions on Number of Offices Held

- No person shall hold more than one office on the Steering Committee
- Officers of the Committee may hold more subcommittee officer positions

Section C: Election

- Officers will be elected as vacancies occur. Officer positions will reviewed annually as part of a business meeting.

Section D: Duties of the Officers

Chair

- Establish the agenda based on coalition development and grant directives based upon information received from the MHPC Coordinator;
- Preside of meetings of MAHPC – SC;
- Call special meetings when necessary;
- Ensure that the MHPC – SC is represented and a report of committee activities is provided to the MHPC quarterly meeting;
- Perform other duties as directed by the MHPC – SC.

Vice-Chair

- Perform the duties of the Chair in the Chair’s absence;
- Request and receive status reports from the sub-committee chairs and distribute them to the MHPC – SC.

Secretary

- Assure meeting attendance roster is maintained;
- Ensure dissemination of all notices as required by the bylaws;
- Ensure minutes are maintained and are provided to the Members of the MHPC and MHPC – SC within five (5) business days.

PARLIAMENTARY PROCEDURE

Section A. Quorum

The members present at any properly announced meeting will be considered a quorum. All issues to be voted upon will be decided by a simple majority of those present at the meeting or by the electronic voting deadline unless otherwise specified in the bylaws.

Section B. Voting Privileges

Each Member shall be vested with one vote. If there are multiple representatives from a county, only one vote from that county will be allowed.

Section C. Electronic Voting

MAHPC-SC voting may be conducted in an electronic format.

Section D. Conflict of Interest

Good faith - Members shall exercise good faith in all transactions touching upon their duties to the MAHPC. In their dealings with and on behalf of the MAHPC, they are each held to a rule of honesty and fair dealings between themselves and the MAHPC. They shall not use their positions as members, or knowledge gained there from, to their personal benefit and to the detriment of the MAHPC.

Exclusion from voting - Any member having a conflict of interest on a matter shall disclose such interest and abstain from voting as appropriate.

AMENDMENTS

Section A. These By-Laws may be amended at any properly announced meeting by two-thirds (2/3) vote of those present at a THPC meeting or by electronic voting as specified in the bylaws.



Mountain Area Healthcare Preparedness Coalition BYLAWS

Mountain Area Healthcare Preparedness Coalition

NAME

This coalition shall be known as the Mountain Area Healthcare Preparedness Coalition (MAHPC).

MISSION

The mission of the Mountain Area Healthcare Preparedness Coalition (MAHPC) is to facilitate coordination and cooperation throughout the MAHPC region to ensure partners have the capability and capacity to mitigate against, prepare for, respond to, and recover from emergent health and community events, incidents, and disasters.

PURPOSE

1. To coordinate the emergency preparedness efforts of stakeholders across the region to enhance the likelihood of an effective and efficient response during an event, incident, or disaster.
2. To coordinate and support healthcare community response during an event, incident, or disaster.
3. Foster communication and collaboration between local, regional, and state partners for all hazards planning and response.
4. Ensure overall readiness through the coordination of region wide all hazards training and exercises.
5. Promote preparedness in the healthcare community through use of efficient and effective standardized practices.
6. Integrate regional medical and healthcare capabilities with other partner resources.
7. Develop and manage the Assistant Secretary for Preparedness and Response (ASPR) Healthcare Preparedness Program (HPP) grant in a fiscally prudent manner.
8. Maintain resources and assets of the MAHPC and MATRAC SMAT II.

MEMBERSHIP

Section A. Membership to the Mountain Area Healthcare Preparedness Coalition is based on the following:

1. Essential Partners: Hospitals and other healthcare providers, EMS Systems, Public Health, Disaster Medical Director, Long Term Care facilities, Emergency Management Agencies, Public Safety, mental and behavioral health providers, private entities associated with healthcare, specialty service providers, support service providers, primary care providers, community health centers, VOADs, federal entities and MAHPC Coordinator (Coordinator) based in the region;
2. Law enforcement, fire departments, schools, social services, public works, transportation services, etc,;
3. Regional agencies who would assist in a medical and health response to a disaster are invited to participate as non-voting members. This would include behavioral health agencies, Red Cross, Urban Search and Rescue, or any volunteer agencies or schools and colleges;
4. Healthcare and Emergency Management (EM) planning regions and associations that support healthcare preparedness. (i.e. NC EM Domestic Preparedness Regions [DPR], Public Health Preparedness & Response Regional Representatives, NC Association of EMS Administrators, NC Hospital Association, NC Emergency Management Association, NC Association - Long Term Care, NC Assisted Living Association, NC Law Enforcement Officers' Association, etc.)
5. Any state agency (i.e. NC Department of Public Safety – Emergency Management, NC Office of EMS, NC Hospital Association, NC Public Health, NC Dept. Ag., NC National Guard) who would assist in the planning or response may be included as non-voting members.

Each entity shall designate a primary and secondary representative.

Section B. Stakeholder Responsibilities

1. Stakeholders shall designate a primary and secondary representative and update this information annually with the MAHPC Coordinator.
2. Provide representation at coalition meetings and activities.
3. Participate in collaborative regional planning efforts.
4. Participate in the development of regional healthcare capabilities, mutual aid agreements, and collaborative emergency response plans.
5. Participate in regional information sharing to include best practices, emerging trends, and situational awareness.
6. Contribute to meeting coalition priorities, goals, and contractual deliverables.
7. Respond to events, incidents, and disasters in collaboration with other stakeholders, as requested.
8. Participate in sub-committees and workgroups as requested and organized by the MAHPC.

Section C. The following Hospitals, EMS Systems, and Public Health are listed for MAHPC Region

County	Hospital	EMS	Public Health
Avery			
Buncombe			
Cherokee			
Clay			
EBCI			
Graham			
Haywood			
Henderson			
Jackson			
Macon			
Madison			
McDowell			
Mitchell			
Polk			
Rutherford			
Swain			
Transylvania			
Yancey			

2020 MAHPC REGIONAL HVA	
Incliment Weather	1
Infectious Disease Outbreak/Pandemic/Flu	2
Active Shooter	3
Fire	4
Flood	5
Supply Chain Interruption	6
IT System Outage	7
Evacuation	8
Hazmat Incident	9
Power Outage	10

2019 MAHPC REGIONAL HVA	
Incliment Weather	1
Flood	2
Fire	3
Infectious Disease Outbreak/Pandemic/Flu	4
Active Shooter	5
Communications/Telephone failure	6
Power Outage	7
IT System Outage	8
Water Disruption	9
Landslide	10

SURVEY MONKEY RANKINGS	
Incliment Weather	1
Infectious Disease Outbreak/Pandemic/Flu	2
Active Shooter	3
Fire	4
Flood	5
Supply Chain Interruption	6
IT System Outage	7
Evacuation	8
Hazmat Incident	9
Power Outage	10
Patient Surge	11
Mass Casualty Incident	12
Water Contamination	13
Elopement	14
Tornado	15
Transportation Failure	16
Temperature Extremes	17
Hurricane	18
HVAC Failure	19
Earthquake	20
Dam Failure	21
Shelter in Place	22
Landslide	23
Civil Unrest/Picketing	24

WHAT IS YOUR ORGANIZATION'S DISCIPLINE?		
Agency Type	Percentage	Responses
Skilled Nursing/Nursing Home/Long Term Care	46%	13
Emergency Management	4%	1
EMS	4%	1
Law Enforcement	0%	0
Fire	0%	0
Public Health	0%	0
Hospital	25%	7
Dialysis/ESRD	4%	1
Home Health/Hospice	0%	0
Non-Governmental Organizations	0%	0
Outpatient Clinics	0%	0
School/University	0%	0
Non- NC Agency	0%	0
Adult/Family Care/Group Home	11%	3
MAHPC	4%	1
Organ Procurement Organization	4%	1
Answered: 28	100%	28