



## **Preparedness Plan**

**June 2024**

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**Mid-South Emergency Planning Coalition**  
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Date of Change	Changed by	Description of Changes
6/30/2018	Heather Fortner, RHC	Entire manual, first edition
6/15/2019	Heather Fortner, RHC	1.0; 1.2; 2.0; 2.2; 2.3; 2.4.1.; 2.4.2; 3.1; 3.2; 3.3; 3.4; 3.5; 3.7; 3.8; 4.0; 4.2; 4.3.1; 4.3.2; 4.3.3; 4.4; Appendices C, E and G
6/23/2020	Heather Fortner, RHC	2.2; 2.3; 2.6.1; 4.3.1; 4.3.2; Appendix G
6/10/2021	Heather Fortner, Executive Director	Replaced RHC terminology with Executive Director throughout document; 2.6.1; 4.3.1; 6.0; Appendices C, D, E, and G
6/28/2021	Heather Fortner, Executive Director	Replaced Executive Council terminology with Executive Board; Added/updated MOU information on page 8; Removed St. Jude Children’s Research Hospital from the listing of Board members on page 8
6/6/2022	Heather Fortner, Executive Director	2.2; 2.6.1; 2.7; 3.1.1; 4.1; 4.3.1; 4.3.2; 6.0
6/5/2023	Heather Fortner, Executive Director	1.2; 2.2; 2.3; remove 2.5; 2.6 becomes 2.5 – edit 2.5.1 and 2.5.2; 2.7 becomes 2.6 – edit 2.6; 3.1; removed 3.1.1; 3.3; 3.5; 4.3.1; 4.3.2; 4.3.3; 4.4; 6.0; updates to Appendices as appropriate
5/30/2024	Heather Fortner, Executive Director	1.0; 1.2; 2.0; 2.2; 2.3; 2.4; 3.1; 4.3.1; 4.3.2

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# Mid-South Emergency Planning Coalition Preparedness Plan

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## **1.0 Introduction**

The Mid-South Emergency Planning Coalition (MSEPC) is a forum for the health care community across the Mid-South to interact with one another and with other response agencies and community partners at a city county, regional, and state level. MSEPC activities are informed by the capabilities identified by the U.S. Department of Health and Human Services' Administration for Strategic Preparedness and Response (ASPR). The MSEPC coordinates trainings to assist health care responders in developing the necessary skills and improves health care response through coordinated exercise and evaluation.

### **1.1 Purpose of the Plan**

The Mid-South Emergency Planning Coalition Preparedness Plan is an operational resource tool for health care response partners to reference in disaster planning, response, and recovery efforts. It provides resources for emergency preparedness and guidance for integrating emergency medical response with other incident management partners. This plan explains how the health care coalition (HCC) works collectively to prioritize and test operational capabilities that promote communication, information sharing, resource coordination, operational response, and recovery.

### **1.2 Scope**

This plan was developed to support the operational activities of the MSEPC and describes the role and functions of the MSEPC as it actively works with members including hospitals, regional health jurisdictions, emergency medical services, emergency management, etc) under ESF-8 of the TEMP. The plan and its appendices address general coalition governance and authorities, planning and purchasing processes, operational concepts, inter-agency communication, resource sharing and allocation, patient tracking, the Healthcare Resource Tracking System (HRTS), ReadyOp, and training and exercise components.

The collaborative planning developed through the Coalition is invaluable for a well-coordinated response among health care partners, however, each member of the HCC has its own plans, and members respond to emergencies in accordance with their organizations' plans.

### **1.3 Administrative Support**

This plan was initially approved by Executive Board members and shared with all Active HCC members for their review and input prior to its final adoption. It is then reviewed by all Active Coalition members annually, at minimum, or at such time a gap is identified that should be immediately addressed following a real-world event or exercise.

During each routine annual review, attention will be paid to identifying gaps and developing strategies to address these issues, planning for exercises to evaluate the effectiveness of corrective actions, and considering the need for further revision of this plan based on findings.

This plan will be maintained by the MSPEC and shared with various Coalition partners including EMS,

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emergency management, and others as necessary. The Executive Director of the MSEPC will provide direct administrative support to the document.

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## 2.0 Coalition Overview

The MSEPC is a multi-agency coordinating group that assists the health care community and other emergency response agencies to jointly prepare for, respond to, and recover from disaster events, whether natural or man-made, accidental or intentional. The MSEPC serves as a cooperative alliance of health, response, and other governmental agencies, along with other community partners in the region through collaborative planning and information sharing among a broad range of health care partners to protect, promote, and improve the health and prosperity of people in the Mid-South and across the state.

### 2.1 Purpose

Using an all-hazards approach, the HCC promotes and coordinates, planning, preparedness, mitigation, response, and recovery efforts of the Coalition’s member organizations. This support is based on the capabilities identified by ASPR, the Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), the Tennessee Department of Health (TDH), and other regulatory agencies by:

- Using ASPR’s Performance Measures as a guide to strengthen the community’s medical resiliency, surge capacity, and capabilities.
- Providing a forum for health care providers and community partners to interact with one another at county, regional, and state levels to build relationships and partnerships.
- Coordinating training to assist Coalition members in developing the necessary skills to prepare for and respond to disasters that may affect the health care system.
- Improving response capabilities through coordinated exercises and evaluations following the Homeland Security Exercise and Evaluation Program (HSEEP) doctrine.
- Serving as a vehicle to prioritize the use of federal grant funds for planning, equipping, training, and exercising for the improvement of the health care community’s preparedness, response, and recovery efforts.
- Providing technical assistance to individual member organizations with the development of their emergency plans.

### 2.2 Coalition Boundaries

The MSEPC’s geographical area encompasses the following counties: Fayette, Lauderdale, Shelby, and Tipton Counties in Tennessee; DeSoto County in Mississippi; and Crittenden County in Arkansas.

#### US Census Bureau 2023 Population Estimates for Covered Counties<sup>1</sup>

Tennessee	2023 Population Estimate	Mississippi	2023 Population Estimate	Arkansas	2023 Population Estimate
Fayette	44,175	DeSoto	193,247	Crittenden	47,139
Lauderdale	24,610				
Shelby	910,042				
Tipton	62,015				
Region Total	1,281,228				

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The MSEPC participates in an active network of healthcare coalitions across Tennessee as well, through the Executive Director and Regional Medical Communications Center (RMCC), which permits planning, response, and recovery activities to also occur outside of our geographical boundaries.

### 2.3 Coalition Membership

Coalition Membership is open to all healthcare organizations, jurisdictions, and emergency management-related organizations within the Coalition's geographic area as outlined in the MSEPC Bylaws.

Membership is divided into four types: Active Coalition Members, Inactive Coalition Members, Advisory Body, and Invited Non-members, or Subject Matter Experts. Active members maintain Coalition participation by attending at least 75% of scheduled meetings annually. Inactive members are those participating organizations who have not maintained meeting attendance.

Coalition membership includes a diverse representation of facilities and organizations including:

- Hospitals
- Emergency Medical Services (EMS)
- Emergency management organizations
- Public health agencies
- Non-governmental organizations
- Governmental jurisdictions
- Long term care facilities
- Hospice and home health providers
- Dialysis centers
- Surgery centers

A roster of member organizations will be maintained and updated each quarter. The roster is published on the MSEPC website. The roster may include, but does not necessarily require inclusion of, representative names.

The Advisory Body is comprised solely of Executive Board members. Executive Board will be composed of the Executive Director, and one representative from the following: Baptist Memorial Health Care Corporation, Methodist Le Bonheur Healthcare, Regional One Health, Tenet Healthcare, Lauderdale Community Hospital, Memphis VA Medical Center, EMS, Emergency Management, Public Health, and a representative from the Non-Hospital Subcommittee. They are tasked with maintaining an advisory role to the Coalition and ensuring day-to-day Coalition operations and requirements are met.

The Coalition reserves the right to invite subject matter experts to attend as needed. Additionally, visitors often attend and are encouraged to participate in Coalition discussions.

Additional membership details can be found in the MSEPC Bylaws.

### 2.4 Organizational Structure and Governance

To maintain preparedness and response capabilities, the MSEPC must maintain an internal structure to support Coalition activities and operations. Specific roles and responsibilities by membership type are described in the MSEPC Bylaws to include member guidelines for participation and engagement as well as policies and procedures for making changes and delegation of authority.

Participating organization executives formally endorse their organizations' participation in the MSEPC through signing our MSEPC Memorandum of Understanding. Beginning in 2024, MOU's will be required every 3 years.



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Executives are encouraged to participate in MSEPC meeting or send feedback through their organizational representative.

#### **2.4.1 Role of Executive Director**

The Executive Director provides direct administrative support to the Coalition and is responsible for carrying out the Coalition's daily business. This is done mainly by:

- Providing consultative and informative input into key decisions and ensuring integrated planning, similar to that of a multi-agency coordinating group.
- Facilitating and assisting in the development of processes and Coalition training, plans, and exercises.
- Developing processes and plans for the care of at-risk populations involved in disaster situations.
- Coordinating training, exercises, and evaluation at the local, regional, and divisional levels.
- Assembling, finalizing, and submitting all administrative documentation as required to appropriate agencies per funding requirements.
- Providing technical support to web-based programs (HRTS, ReadyOp) for all Coalition members.
- Establishing and maintaining ReadyOp profiles and groups for Coalition members for notification purposes.
- Maintaining a working knowledge of regulations and federal guidelines and the ability to apply regulations in various settings.
- Maintaining a working knowledge of response equipment and systems.
- Submitting all Coalition approved expenditures for payment.

#### **2.4.2 Role of Executive Board**

The Executive Board is responsible for:

- Providing consultative and informative input into key decisions and ensuring integrated planning similar to that of a multi-agency coordinating group.
- Serving as workgroup facilitators during Coalition planning sessions and activities.
- Assisting in the coordination of exercise and evaluation training at the local, regional, and divisional levels.
- Reviewing and approving funding requests from Coalition members.
- Serving as a liaison between private, local, regional, state, and federal partners.

### **2.5 Meetings**

#### **2.5.1 Date and Location**

MSEPC meetings are held quarterly on the third Thursday of each month at 1:00 p.m. The meeting location will be confirmed via email when the agenda is shared.

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## **2.5.2 Meeting Procedures**

The Executive Director will develop, utilizing Coalition member input, the meeting agenda and ensure it is provided to Coalition members at least five business days before the meeting. The agenda will be sent to the Coalition membership via email. Meetings will be led by the Executive Director, or designated Executive Board member, while all MSEPC decisions will be made by the Executive Board, serving as the Advisory Body.

## **2.6 Committee Structure**

Subcommittees or workgroups may be established by the Executive Board to address specific needs of the organizations.

### 3.0 Strategic and Operational Planning

#### 3.1 Risk, Gap Analysis, and Budget Development

The MSEPC region faces a wide range of hazards. Each Coalition member conducts a Hazard Vulnerability Assessment (HVA) on an annual basis using a template provided to evaluate their risk exposure. The results from each facility HVA are then combined into an MSEPC HVA (Appendix F). Executive Board members vote to approve the final Coalition HVA each year.

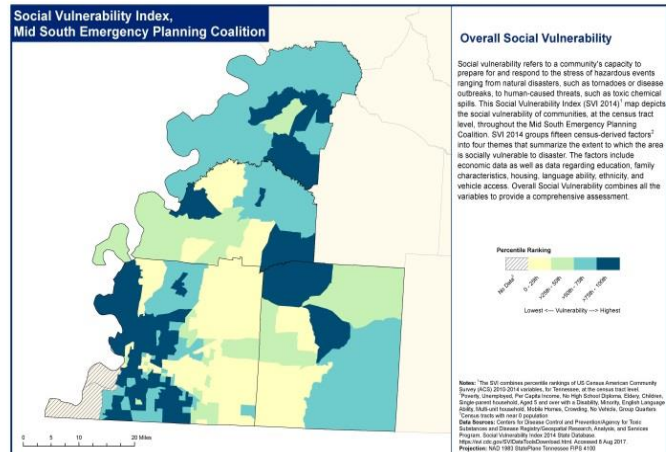
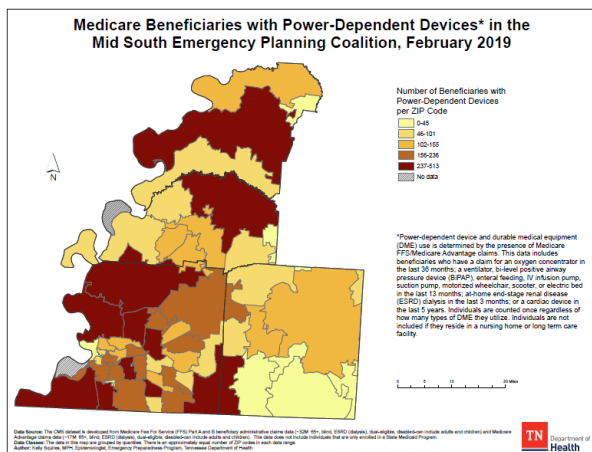
The Executive Board utilizes the Community HVA and exercise After Action Reports (AARs) to develop budget categories and priorities. The budget will be developed to include the total of MSEPC funding. Additionally, a strategic plan will be developed to include projects that cannot be initially funded but should be considered in the event surplus funding becomes available or for future grant years.

This process will cycle annually to meet established grant requirements for budget completion.

#### 3.2 Whole Community Planning

The Coalition regularly receives and reviews data from the HHS emPOWER database as well as CDC's Social Vulnerability Index. This data, combined with common best practices, work to ensure that plans are inclusive and support the needs of the whole community. Coalition members are encouraged to utilize this data; to inform their Emergency Operation Plans, Coalition members should consider the unique needs of the community they serve when developing their plans. These may include the needs of: children, pregnant women, seniors, individuals with access and functional needs, individuals with disabilities, and those with behavioral health conditions.

#### Example of empower and SVI Reports



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The Executive Director will ensure that this data is reviewed, bi-annually and annually respectively, with MSEPC members to ensure adequate planning considerations are made for those with access and functional needs. The information is also made easily accessible on the Coalition's website ([www.midsouthepc.org](http://www.midsouthepc.org)).

### **3.3 Exercise Planning and Design Process**

MSEPC maintains a robust exercise program. An annual full-scale mass surge exercise is conducted to test Coalition capabilities according to those outlined in the Mid-South Surge Plan. Community based tabletop and functional exercises are also planned as necessary to assist MSEPC membership in the evaluation of existing plan efficiency and to identify areas of improvement in planning and response.

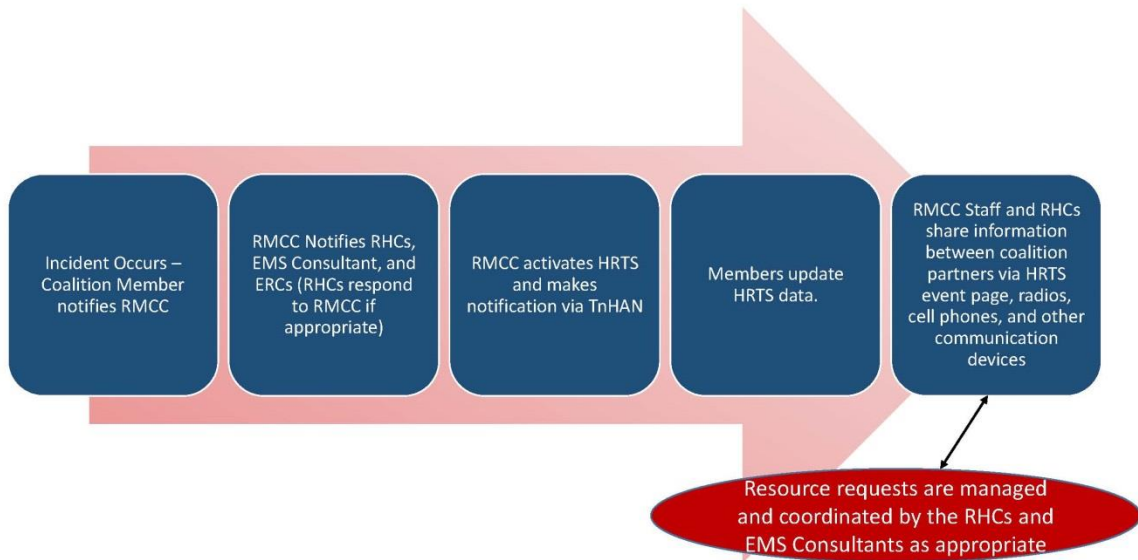
The Executive Board meets to discuss and prioritize training and exercise categories based on feedback from the HVA and budget development process. Trainings and exercises are then planned around identified needs to further test capabilities and newly improved processes.

The Executive Director secures training opportunities, provides logistical support, and ensures training advertisement through the MSEPC website, calendar, and/or distribution lists. The Executive Director also works closely with local volunteer agencies and Coalition member organizations to recruit volunteers for exercises to increase the realistic simulations for triage and transport.

### **3.4 Incident Management**

The MSEPC is not an independent response body. Rather, each member of the Coalition has a primary organization in which they are accountable and they respond to emergencies according to their organization's plan. Nevertheless, MSEPC's combined response efforts resembles a multi-agency coordination system dedicated to meeting ESF-8 related needs such as medical surge events. The following diagram demonstrates the basic coordination-related functions of the MSEPC members.

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During incidents, information shall be shared as freely as possible given the situation. Resources should also be shared as needed. Every effort should be made by the borrowing organization to assure that shared and/or borrowed resources are returned to their owner organization in the same working order in which they are provided.

### 3.5 Communications and Information Sharing

The state of Tennessee provides two information technology solutions to assist the MSEPC to communicate, share information, and maintain situational awareness: the Healthcare Resource Tracking System (HRTS) and ReadyOp.

HRTS is used by acute care hospitals, stand-alone emergency rooms, EMS, and RMCC to track and visualize the availability of beds and services within facilities across the region and state. This allows more rapid evaluation of service availability and delivery to patients. It also allows facilities to advise others in the region of situations and impacts at their facility and provides a message board capability allowing users to communicate and share information about an event.

ReadyOp is used for both patient tracking system and mass notifications. As a patient tracking system, ReadyOp allows EMS and hospitals to document patient movement and maintain accountability from field triage to hospital. The system is useful during large events or mass casualty incidents and can be helpful with reunification efforts during incidents.

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As a mass notification tool, ReadyOp, allows important messages to be distributed to contacts across a wide range of communication devices. The system is an important way to rapidly notify Coalition members of issues impacting the region and provides for timely distribution of information for situational awareness purposes.

Generally, the primary method of communicating alerts to hospitals and other key entities will be accomplished through HRTS and ReadyOp. Additional means of communication may be used depending on the nature of the incident. These may include email, cell phone, land line, HAM, VHF, UHF, satellite radio, WINLINK, and 700/800 MHz radio systems.

### **3.6 Resource Coordination**

Each Coalition member organization is responsible for developing and maintaining their own emergency operations plan. However, members are encouraged to collaborate with other members to share best practices, lessons learned, and experiences while developing or updating plans.

The HCC maintains an inventory of Coalition-purchased resources that can be deployed between sites during a time of need. The Coalition also provides this information to TDH and neighboring HCCs for inclusion in their resource management and tracking system to allow for better tracking and deployment of resources from coalitions statewide.

As previously mentioned, members of the HCC are signatory to a region-wide MOU which indicates their readiness and willingness to support information sharing, collaboration, and emergency resource needs of other members in the Coalition.

The RMCC for the MSEPC is located at Regional One Health (ROH) in Memphis. ROH and the RMCC are Coalition partners and are heavily involved in planning and daily operations. The RMCC handles EMS traffic daily, and there is no transition from these operations to the RMCC function, as may occur in other areas of the state.

During a disaster of regional or statewide proportion, the respective Emergency Medical Services Regional Consultant (EMS-RC) and the Executive Director will work with the RMCC to coordinate patient transport to appropriate facilities. They may also assist with the movement of assets and resources to areas where they are needed. If necessary, they will communicate with other RMCC's throughout the state to fulfill this mission.

The Coalition's region also maintains caches as part of the CDC's Strategic National Stockpile (SNS) and CHEMPACK program. These resources are forward deployed at strategic locations throughout the region to allow for rapid deployment to field incidents and hospitals. The deployment process for these assets are outlined in the Shelby County Health Department's CHEMPACK plan.

### **3.7 Program Maintenance and Improvement**

MSEPC members wish to ensure open communication and continuous improvement for Coalition activities. Member feedback to the Executive Board is encouraged. Feedback can be provided directly or anonymously.

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The Executive Board shall attempt to address concerns at the lowest level possible. If they are unable to rectify the issue, identified concerns may be brought to the Coalition membership as appropriate for resolution.

The Coalition uses a range of means to gauge member participation and engagement as well as maintain accountability. Sign in sheets for meetings or trainings are collected to document member attendance. Meeting minutes are recorded to further document agenda items and member feedback during discussion. Most Coalition communication and outreach is conducted via email allowing the Coalition to maintain more thorough records of feedback, compliance, and member engagement.

## **4.0 Coalition Sustainability**

Under the leadership of the Executive Board, the Coalition regularly evaluates priorities and needs across the Coalition. Both the Coalition and its members have specific and unique needs as it relates to emergency preparedness and response. The Coalition's priorities and objectives are designed to support readiness across the region. Individual members' objectives and activities should be focused on preparing their facility to support themselves and the region as needed.

### **4.1 Maintenance and Stability**

MSEPC strives to promote the value of healthcare and medical readiness with support from its member organizations. Inter-organizational relationships and trust are the hallmarks of the MSEPC, ensuring a robust and sustainable Coalition. Coalition member organizations recognize that – even though they may be competitors – they are better when working together to prepare for and respond to medical disasters. While grant funding is an asset in helping MSEPC to meet its goals, the Coalition members first understand the importance of the strategic partnerships developed through the Coalition.

### **4.2 Engagement of Partners and Stakeholders**

Executives (clinical and non-clinical) are encouraged to participate in MSEPC meetings and/or send feedback through their MSEPC organizational representative. Furthermore, most participating organizations incorporate MSEPC activities into their internal emergency preparedness/response meetings and structure, which includes executive input and oversight.

MSEPC partners with multiple other organizations and committees, whose missions are to integrate and coordinate the access and functional needs of children and adults in emergency preparedness, response, and recovery before, during, and after a disaster with a collaborative whole community network.

### **4.3 Objectives**

As part of its strategic planning process, the Coalition identified a series of priorities and objectives to guide it moving forward. The objectives are grouped into three priorities:

- Organization
- Planning
- Training/Exercising

#### **4.3.1 Short-Term Objectives**

- **Organization**
  - Continue to update MSEPC website to create a more user-friendly and informative experience.
  - Expand social media presence to increase public awareness and visibility of MSEPC mission.
  - Establish subcommittees.



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- **Planning**
  - Continue to work with local response partners in the development of family assistance plan.
  - Develop patient movement plan.
  - Implement improved inventory records to track all MSEPC purchases items.
  - Continue to work with local and regional medical, clinical, and volunteer programs to recruit clinical staff and other partners to serve on a deployable team for the expanding Alternate Care Unit (also known as the “Mobile Field Medical Tent”).
  - Consolidate MSEPC plans into a single document to include all annexes.
- **Training**
  - Provide quarterly, in person, HICS training for all Coalition members.
  - Identify qualifying and host TEEX courses within region.

### 4.3.2 Long-Term Objectives

- **Organization**
  - Develop consultation options to offer to MSEPC membership organizations.
  - Develop training and exercises work group among current members.
- **Planning**
  - Create and maintain partnerships to further the use and potential profitability of the Mobile Field Medical Tent.
- **Training**
  - Establish minimum training requirements for Coalition members to establish a core competency among members.
  - Increase incorporation of vulnerable populations into full scale, tabletop, and functional exercises sponsored by the Coalition.

### 4.3.3 Recurring Objectives

- **Organization**
  - Enhance collaboration and relationships with state and local emergency management agencies through mutually beneficial events, conferences, and trainings.
  - Seek opportunities to recruit and serve a wide range of disciplines.
  - Explore additional funding opportunities through grants and projects.
- **Planning**
  - Annually review and update all Coalition Plans.
  - Annually review Coalition priorities and focus.
  - Annually evaluate the status of the HPP grant to anticipate funding potentials for planning purposes.
  - Utilize After Action Reports (AARs) from exercises and actual events to inform planning, training, and resource decisions.

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- Engage in large event planning opportunities and leverage these events for learning and training opportunities.
- Regularly evaluate communications systems and capabilities and determine any training, equipment, or operation issues needed remedy.
- **Training**
  - Evaluate training needs and provide opportunities based on AARs and member feedback.
  - Conduct an annual full-scale exercise to test Coalition member organizations' plans and meet grant requirements.
  - Conduct regular redundant communication exercises.

### **4.4 Member Objectives and Activities**

- Create and maintain emergency plans using lessons learned from exercises and real incidents.
- Regularly engage in, participate in, and contribute to Coalition meetings and activities.
- Participate in exercises including full scale community based exercises, tabletop exercises, and communication drills.
- Annually conduct a Hazard Vulnerability Analysis for their facility and contribute to the Coalition's annually HVA survey process.
- Participate in the Coalition's process to review and update plans.

## **5.0 Acronyms**

AAR – After Action Report  
ASPR – Assistant Secretary for Preparedness and Response  
BEOP – Basic Emergency Operations Plan  
CDC – Centers for Disease Control & Prevention  
CHEC – Certified Hospital Emergency Coordinator  
CMS – Centers for Medicare & Medicaid Services  
COOP – Continuity of Operations Plan  
EMS – Emergency Medical Services  
EMS-RC – Emergency Medical Services – Regional Consultant  
EOC – Emergency Operations Center  
ESF-8 – Emergency Support Function 8  
FOA – Funding Opportunity Announcement  
HCC – Health Care Coalition  
HHS – Health and Human Services  
HPP – Hospital Preparedness Program  
HRTS – Healthcare Resource Tracking System  
HSEEP – Homeland Security Exercise and Evaluation Program  
HVA – Hazard Vulnerability Assessment  
MOU – Memorandum of Understanding  
MRC – Medical Reserve Corps  
MSEPC – Mid-South Emergency Planning Coalition  
NDMS – National Disaster Medical System  
RMCC – Regional Medical Communication Center  
ROH – Regional One Health  
SCHD – Shelby County Health Department  
SNS – Strategic National Stockpile  
TDH – Tennessee Department of Health  
TEMP – Tennessee Emergency Management Plan  
THERF – Tennessee Hospital Education & Research Foundation  
TNHAN – Tennessee Health Alert Network

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## **6.0 Referenced Plans**

MSEPC plans referenced in this document can be found online at <https://midsouthepc.org/helpful-resources/> and accessible to members anytime. Additional plans referenced can be requested in writing by emailing [info@midsouthepc.org](mailto:info@midsouthepc.org)

<sup>1</sup>"Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2023." United States Census Bureau. March 2024. Accessed May 30, 2024. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html>