

Coalition Stage Checklist

This checklist is to help coalitions identify what stage you have reached, during discussions. If you can check off each of the items in a particular stage, your coalition can be considered as having completed that stage, and can plan for the next stage. If you have not reached a particular stage, you do not need to review the items in that stage on the checklist, unless you have some completed, and want to keep track of them.

Stage 1:

1. ___ Have you identified your membership? All active members of the Healthcare Coalition must be documented through a signed written document, such as an MOU, MAA, IAA, letters of agreement, charter, or other supporting evidence document. In order to qualify, you must have one of these types of evidence, and include the following types of organizations:
 - ___ Hospitals
 - ___ Public Health
 - ___ EMS Providers
 - ___ Emergency Management
 - ___ Behavioral/Mental Health Providers

2. ___ Have you identified your boundaries?

3. ___ Have you identified your organization and structure? The structure must include the following elements:
 - ___ A leadership structure determined and appointed by the Healthcare Coalition (determine who is in charge)
 - ___ An advisory board-like function with multi-agency representation from members of the Healthcare Coalition.
 - ___ A clear structure that can coordinate with the local and state emergency operations center. This includes a primary point of contact (POC) and/or a process that serves as the liaison to communicate with ESF#8 at the local EOC.
 - ___ Clearly defined roles and responsibilities for each participating member as it relates to disaster preparedness, response, and recovery.
 - ___ Strategies to empower and sustain the Healthcare Coalition as an entity, that include:
 - Documents that outline the guidelines, participation rules, and roles and responsibilities of each agency in the Healthcare Coalition
 - Plans for the financial sustainability of the Healthcare Coalition in the absence of Federal funding
 - Processes to implement and document the administrative responsibilities needed to maintain the Healthcare Coalition.

4. ____ Have you identified roles and responsibilities for all members?
5. ____ Have you developed formalized written agreements that establish your healthcare coalition for the purpose of disaster preparedness? Examples: Charters, by-laws, etc.)
6. ____ Have you been able at any time to execute the following capabilities for preparedness and recovery?:
- ____ Develop, sustain, or refine healthcare coalitions
 - ____ Coordinate healthcare planning to prepare healthcare system for disaster
 - ____ Identify and prioritize healthcare assets and priorities
 - ____ Determine gaps in preparedness and identify resources
 - ____ Coordinate training to help responders gain necessary training
 - ____ Improve response capabilities through exercise and evaluation
 - ____ Coordinate planning for at-risk individuals
7. ____ Have you been able at any time to execute the following capabilities for healthcare system recovery?:
- ____ Develop recovery processes for healthcare delivery system
 - ____ Assist healthcare organizations (HCOs) to develop continuity of operations plan (COOP)

**If you have checked off these items, your coalition is considered a Stage 1 coalition.
If your coalition has completed these steps, please proceed to Stage 2 checklist.**

Stage 2:

A healthcare coalition must have completed the following items on this checklist to be considered a Stage 2 coalition:

1. ___ Has your coalition maintained Stage 1 capacity?

1. ___ Have you completed a Healthcare Coalition Plan? A plan must include the following elements to be considered a Stage 2 level plan:

- ___ Results of hazard risk assessment (HVA) conducted within the area served by the coalition and prioritization of the hazards.
- ___ Procedures for how the coalition will coordinate and integrate with their county ESF #8.
- ___ Procedures for how the coalition will coordinate with relevant response partners at the local, tribal, state and Federal level, as appropriate.
- ___ Procedures for information sharing and maintaining redundant communication capability.
- ___ Processes for identification, prioritization and allocation of essential resources and services.
- ___ Process for providing and receiving mutual aid from county, regional and state partners.
- ___ Definition of response role for each member of healthcare coalition within the county/region with regard to coordination of ESF8 response.
- ___ Demographics of the planning area, which must include identification of :
 - Total number and type of healthcare, public and environmental health, mental health and coroner services within the county(ies) served
 - geographical characteristics that may impede healthcare delivery (e.g., flood plains, poor road conditions)
 - at-risk individuals that may require special medical needs

2. ___ Has your planning for at-risk individuals included the following necessary elements?

- ___ Determined the appropriate protocols regarding individuals with functional needs for assistance and guidance.
- ___ Participated in planning for individuals having special medical needs and whose care can only occur at healthcare facilities, including consideration of:
 - Courses of action to ensure individuals will be seen by the appropriate healthcare personnel during an incident
 - Coordination with EMS to improve transport capabilities
 - Coordination with alternative transportation capable of supporting individuals with special medical needs
- ___ Coordination with public health and ESF#6 mass care planning to determine the transfer and transport options and protocols for individuals with special medical needs to and from shelters/healthcare facilities.

3. ___ Has your coalition completed the following criteria for training and exercises?:
- ___ All members of the Healthcare Coalition should be trained and proficient in National Incident Management System (NIMS) and Incident Command System (ICS) as appropriate.
 - ___ The Healthcare Coalition should participate in ongoing training to address identified healthcare response gaps and corrective actions.
 - ___ The Healthcare Coalition should coordinate and implement capability-based exercises that test disaster planning efforts.
 - ___ Healthcare Coalitions must address findings from HSEEP After Action Reports (AAR) and Improvement Plans (IP) to revise planning, training, and exercises to minimize response gaps.

If your coalition has completed these steps, you can be considered a Stage 2 Coalition. If your coalition has completed these items, please proceed to Stage 3 checklist.

Stage 3:

A healthcare coalition must have completed the following items on this checklist to be considered a Stage 3 coalition:

1. ___ Has your coalition maintained the items in Stages 1 and 2?
2. ___ Has your coalition achieved readiness in the following 8 capabilities?
 - ___ Capability 2: **Healthcare System Recovery**--Developed processes for short and long-term recovery of healthcare service delivery and continuity of operations.
 - ___ Capability 3: **Emergency Operations Coordination**--Used an integrated Incident Command Structure (ICS) to coordinate during disasters.
 - ___ Capability 5: **Fatality Management**--Developed systems and processes to manage mass fatalities consistent with Healthcare Coalition defined roles and responsibilities.
 - ___ Capability 6: **Information Sharing**--Developed, refined, and sustained redundant, interoperable communication systems that provide healthcare situational awareness.
 - ___ Capability 10: **Medical Surge**--Assisted with the coordination of medical surge capacity and capability, including:
 - Coordination and integration of healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations;
 - Developing Crisis Standards of Care guidance as necessary, and
 - Providing assistance to healthcare organizations regarding evacuation and shelter in place operations.
 - ___ Capability 14: **Responder Safety and Health**--Ensured systems and processes are in place to preserve healthcare system functions and to protect all healthcare and non-healthcare personnel involved in ESF8 response, including access to pharmaceutical protection and Personal Protective Equipment (PPE).
 - ___ Capability 15: **Volunteer Management**--Ensured that plans, processes and procedures are in place to notify, manage and demobilize volunteers supporting a public health or medical incident.

If your coalition has completed these steps, you can be considered a Stage 3 Coalition. Congratulations!