

**Colorado Health Care Coalition
Integrated Evacuation Planning Guide**

December 2013,

Dear Emergency Preparedness and Response Colleagues:

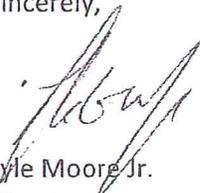
We are delighted to present you with the *Colorado Health Care Coalition Integrated Evacuation Planning Guide and Template*. These documents were designed by multiagency subject matter experts across the state to help guide the development of a plan to coordinate an individual or multiple health care organization evacuation, or reception of patients, in the event of a disaster.

The purpose of the planning guide and template is to provide Colorado Health Care Coalitions and other state and local preparedness partners with recommendations for a coordinated and collaborative response. The guide may also help in facilitating the development of a tiered level health care community plan for multi-jurisdictional evacuation and/or reception.

Colorado health care is multifaceted and planning is expected to be organized along multiple disciplines including: all health care facilities, public health, emergency medical services and emergency management and other medical and response partners. Colorado is also governed by Home Rule therefore; evacuation planning efforts should be a coordinated effort with all applicable health care and response partners. Effective planning ensures that the whole community is represented in the planning process, including representatives from the jurisdiction's departments and agencies, civic leaders, businesses, and organizations who are able to contribute critical perspectives and/or have a role in executing the plan.

We encourage Health Care Coalitions to carefully review the guidelines as you begin the development of a plan that will help to ensure the safety of your staff and the medical and public health needs of the population that you serve. Thank you once again for your ongoing dedication and commitment to making Colorado safe, prepared and resilient.

Sincerely,



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Colorado Health Care Coalition Integrated Evacuation Planning Guide

I. Purpose:

The purpose of this planning guide is to provide the Colorado Department of Public Health and Environment (CDPHE), Office of Emergency Preparedness and Response (OEPR), and Colorado Health Care Coalitions (Coalition) with recommendations for a coordinated and collaborative response requiring an individual or multiple health care facility evacuation or patient reception. The guide may also help in facilitating the development of a tiered level health care community plan for multi-jurisdictional evacuation and/or reception. This guide provides principles and general guidance for developing evacuation or reception plans for each Health Care Coalition Planning Group (Planning Group) in Colorado, with the goal of creating a larger community interoperable plan. These guidelines will provide a starting point for Planning Groups that have not yet developed evacuation/reception plans and will include points to consider as plans are developed. Planning Groups that already have evacuation/reception plans may use these guidelines to augment or strengthen their current plans. This document is a guideline for the development of an Integrated Health Care Evacuation and Receiving Plan. Such plans are used for coordinating evacuation of health care facilities or reception of patients, and is applicable to all health care entities and supporting agencies, including hospitals (specialty hospitals and Acute Care Hospitals), public health, behavioral health facilities, rehabilitation centers, Long-Term Care Facilities, nursing homes, assisted living facilities, Federally Qualified Health Centers (FQHCs), EMS, pharmacies, dialysis facilities, and any other health care organization responsible for the medical and public health needs of the population.

I. Background:

Colorado health care is multifaceted. Planning is organized along multiple disciplines including; hospitals, public health, and emergency management. Colorado is also governed by Home Rule. Therefore, evacuation planning efforts will be a coordinated effort by each Planning Group with all health care and response partners, including Regional Emergency Medical and Trauma Advisory Councils (RETAC).

CDPHE-OEPR supports emergency preparedness for the majority of public health and other health care agencies in the state. With this in mind, the Colorado Hospital Association's (CHA), Hospital Preparedness Program and CDPHE-OEPR undertook the monumental task of coordinating the appropriate agencies to develop a diverse, subject matter expert (SME) workgroup to address the planning and coordination tasks that needed to be accomplished to prepare Planning Groups for an integrated health care evacuation. The task of this workgroup was to devise a planning guide to coordinate a multiple health care organization evacuation, or reception of patients, in the event of a disaster. This guide to health care evacuation/receiving planning is the product of the state evacuation workgroup. It is the first stage. Future work will likely be tasked to the Planning Groups. This planning

document provides guidance for developing evacuation and reception coordination and preparedness. When complete, each plan will coordinate health care evacuation and reception within a community that falls under the auspices of [ESF #8](#) (Public Health and Medical).

A. How to use this document in conjunction with the template: This guide provides instruction on the planning process and plan elements. It recommends certain health care entities to establish partnerships and encourages other preparedness agencies to join. The document helps identify planning leads and support agencies, provides a step-by-step process to creating a plan and serves as the cornerstone for evacuation and receiving planning. This guide is pre-scripted in some areas and instructional in other areas. It was not the intent of the workgroup to provide a fill-in-the-blank template because coordination of effort and planning evolves from the planning process and communication. However, an accompanying template has been developed to further aid the construct of the plan. The accompanying template is not a fill-in-the-blank solution for evacuation planning but does provide a framework for plan development according to the [Comprehensive Preparedness Guide, CPG 101, version 2.0, November 2010](#) standard. Hazards and vulnerabilities require review and prioritization. Consensus Objectives and Goals have to be established and likely scenarios walked through. During this process, resources have to be identified, coordinated and planning roles and responsibilities defined. Certain steps should be accomplished when this guide and template are given to the lead planning agency. They are:

1. The lead planning agency reviews both documents.
2. A Planning Group is formed.
3. The Planning Group reads and reviews both documents.
4. The Planning Group schedules review meetings.
5. SME advice in practice and regulation should be called upon.
6. Authorities are defined.
7. The planning process is completed.
8. The plan is implemented and exercised.
9. The plan is evaluated and included in a HSEEP multi-year exercise plan.

B. The planning guide:

1. Is an outline of the planning process and plan elements that should be considered.
2. Provides instruction on each section of the template that can be formed into a functional plan.
3. Does not address every criteria of an effective planning process or plan. It is a guide that assists the planner to plan and use the template. Effective planning in respect to communication and coordination of assets will depend on input from the SMEs.

4. Appendix A, “The Planning Process”, of this guideline was taken from FEMA document [Comprehensive Preparedness Guide, CPG 101, version 2.0, November 2010](#). It is intended to take the Planning Group through the planning process from start to completion for testing and validation.

C. The template:

1. The template is in an outline format with recommended material in most sections and instructional material in others. In certain instances it is not practical or appropriate to leave a plan in outline format. General formatting guidelines and best practices are provided (starting on p. 14) for the Planning Group. Planning Groups can format the layout of the plan to meet their needs, understanding that the intent of the guidelines and best practices is to produce plans that can be easily shared and understood with neighboring Coalitions.
2. Fill-in-the-blank areas are intended to be filled in and not deleted. These areas are highlighted in **yellow** (colored highlights are for the planning process only and should be removed when plan is finalized).
3. Instructional areas are highlighted in **light blue** and are intended for instructional purposes during the planning process. The Planning Group will need to work through these areas to develop the section.
4. Notes to planners are highlighted in **gray**. Notes are meant to direct or advise the Planning Group in a certain direction or to provide other guidance for additions and deletions of the plan.

D. Important First Steps: Planning is not easy and it will take a commitment for effective completion of health care evacuation/reception coordination. The Planning Group should contact their local emergency manager, CDPHE-OEPR, OEM, or CHA to inquire about SMEs to ask questions, provide input, and share information. CHA will assist the state in identifying and coordinating SMEs to provide Planning Groups with assistance in developing their plan. In addition to the documents referenced throughout this guide, an understanding of the following documents would prove useful during the planning process:

1. [HHS Medical Surge and Capability Handbook](#) – A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies
2. [HHS Medical Surge and Capability Handbook](#) – The Health Care Coalition in Emergency Response and Recovery
3. [ASPR From Hospitals to Healthcare Coalitions](#) - Transforming Health Preparedness & Response in Our Communities

- III. Scope: This document is a patient movement guide which will provide the framework and instruction for the planning process of the health care community and the development of an evacuation/ reception plan.
- IV. Planning Assumptions: These assumptions are broken down into sections that somewhat mirror the plan elements and template information.
- A. State ESF #8 Lead Agency: The lead organization in the State of Colorado in relation to Public Health and Medical (ESF #8) coordination is the Office of Emergency Preparedness and Response, Colorado Department of Public Health & Environment as outlined in the [State of Colorado Emergency Operations Plan](#) (SEOP) under the [Emergency Support Function #8 - Public Health and Medical Services Annex](#) dated November 2010.
- B. Planning Lead Agency and Support Agencies:
1. Planning Lead Agency: A Multi-Disciplinary Health Care Coalition Planning Group (Planning Group) should be designated to facilitate the coordination of the planning activities for development of an evacuation/reception plan.
 - a. Each Planning Group should provide meeting space and facilitate the planning process.
 - b. The Planning Group should act as the ESF #8 planning center for all [Hospital and Health Facilities](#) or health care organizations (HCOs) responsible for medical and public health needs.
 - c. Each Planning Group should provide organization assistance for evacuation/reception planning meetings, provide technical guidance and assistance, develop planning products, and act as the hosting facility for the planning meetings.
 - d. Each Planning Group should record progress of the plan. The Planning Group may be solely responsible for writing the plan but any entity can lead the effort as needed.
 2. Support Agency: Any agency involved in assisting an HCO during an evacuation/ reception operation.
 - a. If more than one public health jurisdiction is involved in the planning process, they should work collaboratively to ensure all responsibilities are fulfilled.
 - b. Support Agency: RETAC Regional coordinators should encourage participation of their region(s) in each of the evacuation/ reception planning meetings.

- c. Support Agency: Community Health Centers within the Coalition area should encourage participation of its facilities in the evacuation/ reception planning meetings.
- C. Situation Overview: Existing Hazard Vulnerability Assessments (HVAs) may need to be updated, or developed by Planning Groups. Effective plans will coordinate HVAs with input from health care partners and local Emergency Managers.
- D. Concept of Operations: Plans and protocols for evacuation and reception should exist at the local HCO level. Effective health care coalition plans aim to coordinate the implementation and integration of these plans at the community level through response and recovery efforts which includes but is not limited to the processes for:
 - 1. Detailing command and control functions of the multi-agency points-of-contact (POCs), including, but not limited to, HCOs, EMS, emergency management, fire, and law enforcement.
 - 2. Detailing the trigger points for evacuation and reception operations.
 - 3. Describing the process for coordinating the implementation of HCO evacuation or reception efforts.
 - 4. Describing the process for resource coordination.
 - 5. Describing the process for situational awareness.
- E. Organization and Assignment of Responsibilities: Each plan should describe all HCO roles and responsibilities for coordination during an evacuation or patient reception including:
 - 1. Organization of the HCO.
 - 2. Lists of contacts for the decision makers, authorities, and coordinators (may include titles only and should be within reason).
- F. Direction, Control and Coordination:
 - 1. The SEOP has outlined the lead and support agency coordination entities in its [Emergency Support Function Annexes](#). These include:
 - 2. ESF1- Transportation
ESF 2- Communications
ESF 3- Public Works & Engineering
ESF 4- Firefighting
ESF 5- Emergency Management
ESF 6- Mass Care, Emergency Assistance, Housing & Human Services

ESF 7- Logistics Management & Resource Support
ESF 8- Public Health & Medical Services, to include Behavioral Health
ESF 9- Search, Rescue & Recovery
ESF 10- Hazardous Materials
ESF 11- Agriculture & Natural Resources
ESF 12- Energy
ESF 13- Public Safety & Security
ESF 14- Long-Term Recovery & Mitigation
ESF 15- External Affairs

3. Effective plans should conform to the direction of the SEOP and its support functions.

G. Information Collection, Analysis, and Dissemination:

1. Multiple communication components exist within the Colorado Division of Homeland Security and Emergency Management's Office of Emergency Management (OEM), Public Safety and health care domains for emergency response as well as for day-to-day use. An effective communication plan coordinates these components.
2. OEM has situational awareness tools and communication plans in place. These include, but are not limited to, systems such as WebEOC. An effective plan should incorporate the coordination with these systems as applicable. The Planning Group is advised to coordinate with their local emergency manager(s) when addressing situational awareness and communications in the plan.
3. CDPHE-OEPR also has situational awareness tools and communication plans in place. These include, but are not limited, to EMResource. An effective plan should coordinate these systems as applicable.

H. Logistical Considerations:

1. Memorandums of Understanding (MOUs), Memorandums of Agreement (MOAs) and Interagency Agreements (IAAs) exist within certain HCOs.
 - a. Effective plans should incorporate current MOUs (i.e. [State of Colorado Hospital MOU](#)), MOAs and all contracts in place between HCOs and partners to provide resources used for transport of a private and/or public nature. This section should also identify and resolve any differences between facility and transport patient definitions and needs, i.e. bariatric patients. Confirmation of agreements and definition of language ensures effective coordination of transportation assets and transportation providers before the evacuation or patient reception occurs.

- b. Effective plans should address current MOUs, MOAs and contracts that are in place between HCOs and public/private organizations. This section should address all HCOs that have a patient census or HCOs that have patients with special needs such as pediatric, behavioral, dialysis or others. Alternate Care Sites should also be included in planning models.
 - 2. Effective plans should provide coordinated resource summaries or matrices between all HCOs and Emergency Management. The [Agency for Healthcare Research and Quality \(AHRQ\)](#) and/or CDPHE-OEPR developed tools may be available to accomplish this function. These resources can include:
 - a. Transport Assignment
 - b. Alternate transport options
 - c. Staffing
 - d. Volunteer options
 - e. Medical equipment and supply plans
 - f. Estimated times of transport
 - g. Other logistical considerations
- I. Administration/Finance (in coordination with local emergency management):
- 1. Reimbursement options may exist through Federal and State programs. The [FEMA Emergency Medical Care and Medical Evacuations Policy](#) can be a useful tool in the planning process.
 - 2. Agencies are encouraged to explore their MOUs, MOAs, and other contracts for additional cost reimbursement opportunities.
 - 3. To be eligible for any reimbursement program, agencies must keep an accurate accounting of all event-related costs. Cost tracking efforts should begin in coincidence with the event. However, HCOs should plan with the assumption that they will incur the costs of the event.
 - 4. Each Planning Group plan should ensure consideration of these reimbursement plans and options in relation to declared disasters.
- J. Planning: Effective plans should include plan development and a maintenance schedule that address:
- 1. Implementation of the plan to include the training and exercise schedule; including multi-disciplinary training with an emphasis on HICS/ICS and Unified Command integration in the response.

2. A review schedule of the plan.
 3. Members responsible for continued plan development and maintenance.
 4. Process for contacting the primary POC or planning committee to request a revision or an amendment of the plan.
 5. Inclusion in a multi-year training and exercise schedule, preferably following HSEEP guidelines.
- K. Effective plans should include an Authorities and Reference Section:
1. The plan should be consistent with the [Department of Homeland Security's National Response Framework](#) (NRF) and the practical applications of the National Incident Management System (NIMS) and the Incident Command System (ICS).
 2. The plan should be consistent with the guidance outlined in FEMA document [Comprehensive Preparedness Guide, CPG 101, version 2.0, November 2010](#).
 3. The [State of Colorado Emergency Operations Plan](#) broadly defines the responsibilities of all state agencies during a disaster. Local Emergency Operations Plans should be referenced when local health care communities develop their Planning Group plan.
 4. The [State of Colorado Emergency Operations Plan](#) defines the responsibilities of state and county Public Health under ESF #6 and #8. The SEOP delineates those responsibilities which would be pertinent to supporting health care community evacuations or patient receptions.
 5. The plan should be consistent with all laws and regulations that are applicable with public health and medical operations.
 6. The Planning Group should include coordination with designated Emergency Managers for the affected area.

PLAN ELEMENTS
SPECIFICATIONS and DELIVERABLES

- I. Health Care Coalition Integrated Evacuation and Receiving Plans
 - A. Each Planning Group should develop a plan based on the specifications set forth in this guide. Once the plan is complete, a copy should be provided to the HPP Program Manager with CDPHE-OEPR as well as your local emergency manager.
 - B. Evacuation and Receiving Plans should comply with requirements as specified in FEMA document [Comprehensive Preparedness Guide, CPG 101, version 2.0, November 2010](#).
 - C. CDPHE is a full partner and stakeholder with the Colorado Office of Emergency Management (OEM). Because of this relationship, it is the intention of CDPHE that all plans be compatible and similar in appearance and format. Each Planning Group is advised to review the [State of Colorado EOP](#) to ensure that the Plan is faithful to the spirit and the intent of the base reference document.
 - D. The Planning Group, with assistance from key partners and stakeholders, will develop an Integrated Evacuation/ Reception Plan. CDPHE realizes that the overall plan will be similar for each Planning Group; however, each individual Planning Group differs in the areas of logistics, overhead support, types of personnel, and assets. While the overarching mission of the Planning Group will not change, the capabilities will vary between each Planning Group, thus providing a unique and different plan for each.
 1. Membership: The Planning Group should include, but not be limited to, a representative of the following Partners:
 - a. Local Public Health
 - b. Community Health Centers
 - c. Behavioral Health Partners
 - d. Coordinating Council Member for the jurisdiction(s)
 - e. Local Emergency Management Agencies
 - f. Local EMS Providers and EMS Coordinators
 - g. Local Public Safety
 - h. Volunteer Organization Active in Disaster (VOAD)
 - i. Additional members that would be beneficial to invite to the Planning Group can be found in Appendix A: The Planning Process
 2. The Planning Group lead should encourage the participation of Subject Matter Experts (SMEs) with sufficient experience and expertise to be part of the group for appropriate completion of the plan. These SMEs may include personnel from all partner Health Care Organizations (HCOs), local Emergency Management, local

Public Safety and any other contributor or stakeholder deemed necessary for a comprehensive plan.

3. Best practice deliverables are outlined in sections II and III:

II. Plan production methodology and best practices

A. Text Formatting: A primary objective of the planning guide is to allow for easy maintenance and updating of the plans by the administrative and operational staff of the Planning Group. To meet this objective the following methodologies and best practices should be considered:

1. The plans should be produced using MS Office Word and saved in .docx format. Any spreadsheets created during the planning process should be in .xlsx format. This is to ensure compatibility among all Evacuation/Reception Planning Partners.
2. Reference: [CPG 101 V2](#) should be the template upon which all evacuation/reception plans are developed.
3. A good base font for document text is Arial 12 point, with fonts over 16 point being avoided. Text should be left justified. Headers and footers should include document title and page numbers. Any pages left intentionally blank should be formatted with the words "This Page Is Intentionally Left Blank", centered horizontally and vertically on the page. The plan cover should be formatted to fit on a standard 8.5 x 11 inch paper.
4. The use of color should be kept to a minimum and should not be used in the plans text. Color should not be used in tables or figures unless it is essential to the understanding of the presented material. Gray scale should be kept to a minimum.
5. Binders, of good quality, should be used to store the plan with their size corresponding to the amount of material they must accommodate. It is helpful to include binder labels on the front and spine.

B. Map Production Formatting: Similar to text formatting, it is suggested that best practices be used when generating maps to ensure easy use and transfer. The Planning Group would benefit from enlisting a GIS SME that can help coordinate and standardize the data gathering, presentation, mapping, and analysis. The SME can also assist in the development of the Planning Group Geo-database and data dictionary.

In addition, maps within the plan should have these general characteristics:

1. Be done in a widely adopted GIS format.

2. 8.5 x 11, landscape or portrait as appropriate.
 3. In terms of using color, it should be kept in mind that during reproduction, the map may be printed on a non-color printer where the contrast may make it difficult to distinguish between the different features or areas displayed by the map.
 4. Maps should have a map display area & frame, title, creation date, legend, North arrow, scale, and any disclaimers related to data source information.
- C. Planning Group Review: Once the final draft plan is complete, the Planning Group should convene to review the plan draft section-by-section and recommend any changes, so that the plan accounts for their unique needs, capabilities, and resources.

III. Plan Content Best Practices

A. Front Matter Content

1. Promulgation Page

- a. General Purpose: To state clearly that this is the Health Care Coalition (or ESF #8) Integrated Evacuation/Reception Plan for the jurisdiction(s) and the date in which the plan was approved so that individuals who use it know they have the most updated version.
- b. This page should be signed and dated by the senior official within the jurisdiction.
- c. It may be that this plan carries no authority but becomes a resource tool.

2. Signature Page

- a. General Purpose: To ensure that the appropriate positions of authority have reviewed and approved the Plan.
- b. The Planning Group should develop and then review annually the annex for the jurisdiction(s). A signature copy should be maintained in the jurisdiction's lead agency's office. Copies of the plan should be maintained in both electronic and paper format. A copy of the plan should be transmitted to the designated stakeholders.

3. Record of Changes: To provide a record of any changes made during the period between each approval of the Plan. Approval of changes is based on each Coalition's policy; however, this record may serve as a means of making changes that do not warrant full approval.

4. Record of Distribution: To provide a record of the individuals and entities who received a copy of the Plan. This can include management team, hospitals, Local Public Health Departments, County Emergency Management, Local Health or Social Services Departments, providers, applicable State agencies and any other organization that warrants a copy.
 5. Annual review
 - a. General Purpose: To provide a record of review done on an annual basis. Accompanies the Record of Changes and Approved Title Page.
 - b. The Annual Review Schedule should be placed in the Planning and Maintenance Section.
 6. Table of Contents: The template will provide a suggested Table of Contents. This section is flexible and additional material may be added; however, the intent is for the section to at least reflect the content that is provided.
- B. Plan content (Note: It is suggested that a section number and title be used as below)
1. Section I - **Introduction**
 - a. The introduction is brief and summarizes the plan. This section may also be labeled "Executive Summary" or "Foreword".
 2. Section II - **Special Definitions**
 - a. Clarifying definitions that will be used throughout the plan.
 - b. List is not all inclusive and there is flexibility to add definitions on as needed basis.
 3. Section III - **Purpose**
 - a. The rest of the plan flows logically from its purpose. The plan should contain a general statement of what it is meant to do. The statement should be supported by a brief synopsis of the plan, with reference to supporting appendices.
 4. Section IV - **Scope**
 - a. Determines who the plan is primarily intended for and for applicable uses at State and local emergency management agencies. It establishes no requirements, and its recommendations may be used, adapted, or disregarded.

5. Section V - **Planning Assumptions**

- a. Assumptions are simply that: what, in developing the plan, has been treated as true for the plan's execution. These should be included to show the limitations of the plan, allowing the plan users (and others) to foresee that some improvisation or modification may become necessary. It is valid to include even "obvious" assumptions: that identified hazards will occur (scenarios, if used, can be outlined), that individuals and organizations are familiar with the plan and will execute their assigned responsibilities, that assistance may be needed, and that--if required and requested--assistance will be available.
- b. Multiple planning assumptions have been pre-scripted. The task of the Planning Group will be to determine Coalition-specific assumptions and modify the list.

6. Section VI - **Situation Overview**

- a. Geographical Characteristics: Briefly describe the characteristics of your Coalition's area – it is advised to use preexisting documents and subject matter expertise to address:
 - i) Climate
 - ii) Geography
 - iii) Demographics (Include Special Medical Needs Populations)
- b. Hazard Analysis Overview:
 - i) It is very important to remember that the following steps have most likely been taken and the task of the Planning Group is to incorporate health care evacuation/reception risks into them. Do not start from scratch!
 - 1) One method is a simple web search. For example, you can search for your county's Hazard Vulnerability Assessment (HVA).
 - 2) **The more preferable method** is to work with the local emergency manager or public health representative from your jurisdiction. This enhances collaborative efforts in the Planning Group and provides Subject Matter Expertise to other areas of the plan.
 - ii) Hazard and Threat Analysis Summary: This section summarizes the major findings identified from a completed analysis of the hazards or threats likely to impact your area and how the health care assets in your area are expected to be received or provided within existing response structures. **Note:** The hazard and threat analysis information can also be presented as an appendix.

- 1) Summarize/identify hazards that pose a unique risk to the area and would result in the need to activate this plan.
- 2) Summarize/identify the high-risk health care facilities that are likely to be impacted by the defined hazards.
- 3) Summarize/identify the defined risks that have occurred and the likelihood they will continue to occur within the area (e.g., historical frequency, probable future risk, national security threat assessments).
- 4) Describe how intelligence gleaned from threat analysis via state/local fusion center(s), joint terrorism task forces, national intelligence organizations, etc. have been incorporated into the Coalition's hazard and threat analysis.
- 5) Describe how critical infrastructure and key resource protection activities have been incorporated into the vulnerability and impact analysis.
- 6) Describe how agricultural security; food supply security; cyber security; chemical, biological, radiological, nuclear, and high-yield explosive (CBRNE) incidents; and pandemics (those located/originating in the area, as well as a non-local, nationwide, or global incident) have been assessed and incorporated.
- 7) Describe the assumptions made and the methods used to complete the Coalition's hazard and threat analysis, including what tools or methodologies were applied to complete the analysis (e.g., a state's hazard analysis and risk assessment manual, mitigation plan guidance, vulnerability assessment criteria, consequence analysis criteria).
- 8) Include maps that show the high-risk areas that are likely to be impacted by the identified risks (e.g., residential/commercial areas within defined floodplains, earthquake fault zones, vulnerable zones for hazardous materials [HAZMAT] facilities/routes, areas within ingestion zones for nuclear power plants, critical infrastructure).
- 9) Describe/identify risks from neighboring areas that could create hazardous conditions in your area (e.g., critical infrastructure loss, watershed runoff, chemical incident, riot/terrorist act).
- 10) Describe/identify the unique time variables that may influence the hazard and threat analysis and preplanning for the emergency (e.g.,

rush hours, annual festivals, seasonal events, how quickly the incident occurs, time of day incident occurs).

7. Section VII – **Operations**

The Operations Section should detail all operational considerations which need to be addressed during the planning process in order to ensure an effective Evacuation/ Reception operation. The Operations Section should address how the physical evacuation or reception will be conducted, seek to de-conflict varying operational objectives of the participating health care community partners and de-conflict existing plans, policies and procedures.

- a. Operational Considerations: Consider the following throughout the planning process (place the documents and references in the appendices or reference section).
 - i) Local, County and State protocols, Laws, Policies & Procedures: The operations section of the plan should ensure compliance with all local, county and state protocols, laws, policies and procedures relating to each entity's operational responsibility (applicable state level laws, rules and regulations should be listed in the appendix of the plan).
 - ii) Organizational Specific Documents:
 - 1) Each organization's Standard Operating Procedures (SOP), Standard Operating Guidance (SOG) Documents, Plans, Organizational Policies or Procedures or other documents relating to evacuation or reception should be used to guide the development of the operations section of the Plan. Incorporating operational objectives into the Plan which are not considerate of the individual entities involved in the planning effort would ultimately be counterproductive (these documents, if available, should be placed in the appendices).
 - 2) Each entity should have internal evacuation/reception plans describing how the facility will prepare for, execute and recover from an evacuation or reception event. The intent of the operations section of the plan is to de-conflict and synergize these procedures. This section should address the coordination of these procedures, where possible or necessary. These documents should be placed in the appendix and summarized under roles and responsibilities.
 - iii) MOUs, MOAs, IAAs: Each Organizations Memorandum's of Understanding, Memorandum's of Agreement, contracts or other binding documentation should be reviewed for operational consideration and for de-confliction.

Operational concerns related to conflicting use of resources should be addressed in the operations section of the Plan, while logistical coordination of assets should be addressed in the logistics section of the Plan, these documents should be listed in the appendix.

b. Goals and Objectives

- i) General Purpose: Goals and Objectives should be prioritized and based on review of the Coalition's HVA.
- ii) Follow the guidelines of Appendix A, "The Planning Process", to develop goals and objectives.

c. Direction, Control and Coordination

- i) Command and Control of emergency operations at the EOC level and for Emergency Support Functions has been predetermined. The template provides the Planning Group with these predeterminations.
- ii) It is the task of the Planning Group to coordinate within this framework.

d. Organization and Assignment of Responsibilities

i) Organization

- 1) Organization of State, County, and Local health care response should be described.
- 2) Coordination of health care as it relates to the Emergency Management structure within the area.
- 3) Organizational Chart is inserted or placed in the appendices and referenced.

- ii) Roles and Responsibilities: Roles should be defined and responsibilities in coordination summarized.

- iii) Contact list: Inserted or placed in the appendices and referenced.

e. Decision to Evacuate: Consideration of who will initiate the evacuation or reception process and how the decision will be made to evacuate or receive should be addressed in this section.

- f. Alert and Notification: Each Plan should reflect county and facility alert and notification processes that will be used to initiate the evacuation, identify the organizations that will be involved in the alert and notification process and incorporate redundancies to ensure notifications are thorough and complete.
 - g. Sequence of Actions - Implementation of the Plan
 - i) This section should address the actual implementation of the Plan. The activation processes for an evacuation/reception should be detailed here. The questions of Who, What, Why, When, How and by whom, should all be addressed in this section.
 - ii) Planning Groups should follow the steps in Appendix A of this guideline to develop a course of action.
 - h. Transition to Recovery: Logical transition from the response phase will focus next on Recovery operations including: continuing operations; resupply; demobilization, reimbursement; reconstruction; etc. It is not the intent of this plan to delve too deeply into jurisdictional or facility specific recovery; however, processes for recovery can be briefly addressed in this section.
8. Section VIII - **Information Collection, Analysis and Dissemination**
- a. Communications Plan
 - i) This section outlines the notification system horizontally and vertically within the area that coordinates with Emergency Management and with the Medical and Public Health Sector.
 - ii) This section should also contain recommended communications systems, frequencies, phone numbers, and POCs.
 - b. Situational Awareness & Common Operating Picture: Identify existing sources, tools, and processes for obtaining and sharing critical information among Partners. Existing sources and tools may include, but are not limited, to the following:
 - i) Colorado Information Analysis Center (CIAC)
 - ii) Transportation Assets
 - iii) Resource needs and locations
 - iv) Bed availability including specialty bed needs
 - v) Latest Incident Situation Report
 - vi) Patient Tracking
 - vii) Staffing Levels and Resources

- viii) Other essential data based on Coalition input
- c. Public Information Section: Process for proactively disseminating consistent, timely, and accurate information and instructions to the public.
 - i) This section details how the Coalition Partners will coordinate with the State ESF #8 Lead Agency and with the public to relay Public Health and Medical bulletins of interest/information.
 - ii) The Planning Group is advised to review the SEOP Annex for [ESF #15 – External Affairs](#) to assist in the development of the Public Information Section including development of PIO/JIC.
 - iii) Summarize the Health Alert Network process as it relates to notification of public health alerts and notifications.
- 9. Section IX - **Resources (Logistics):**
 - a. Capability Assessment
 - i) Perform a capability assessment: Describe the process used by the health care system to determine its capabilities and limits to prepare for and respond to the defined hazards identified in the Situation Overview. **Note:** The Planning Group may wish to address this topic as part of the hazard-specific annexes. This decision would allow the Coalition to address the unique readiness issues and limitations for each specific hazard. In this case, this section should provide an overview of the Coalitions Partner’s abilities and then refer the reader to the hazard-specific annexes for more detailed information.
 - 1) Summarize the Coalition Partner’s prevention, protection, response, and recovery capabilities involving the defined hazards.
 - 2) Describe the Coalition Partner’s limitations on the basis of training, equipment, or personnel.
 - ii) Utilize tools available to identify what the Coalition Partners are currently capable of given their level in relation to resources. Some tools are provided here:
 - 1) The CDC Division of Emergency Preparedness and Response has developed a Community Assessment Tool for planners to use during a pandemic event but the tool can be applicable for health care capability

assessment in general. [CDC Emergency Preparedness and Response Community Assessment Tool](#).

- 2) The following modeling tools can be found on the US Department of Health and Human Service’s Agency for Health Care Research and Quality (AHRQ) and Public Health Emergency (PHE) websites:
 - a) [Emergency Preparedness Resource Inventory \(EPRI\)](#). This can be a complex download and may require IT support
 - b) [IBA Surge Model](#). Pandemic, IED attacks, terrorism related to CBRNE.
 - c) [Hospital Evacuation Decision Guide](#). This guide is designed to provide hospital evacuation decision teams with organized and systematic guidance on how to consider the many factors that bear on the decision to order an evacuation, and assist decision teams in identifying some of the special situations, often overlooked, that may exist in their facility or geographic area that could affect the decision to evacuate.
 - d) [Public Health Emergency Preparedness](#). Links, guides, models, and other tools.
- iii) Once the capability assessment is complete, develop de-confliction matrices and place them in the resource appendices. These can be referenced throughout the “Concept of Operations” section.
- b. Request for Resources: Through MOUs and MOAs, utilize facility and Coalition resources to determine the supply and service requirements, working in conjunction with the affected local partners. Support that cannot be provided from local resources shall be secured through the county and then the state, via the appropriate resource request process.
- c. Coordination of Resources
 - i) Identify and reference critical resources, personnel, processes, and agreements that are essential prior to and during an evacuation or reception. On an ongoing basis, communicate and provide updates, as necessary, of critical resource shortfalls with emergency management. The information in this section will provide a framework for logistical response during an evacuation or reception.

- ii) Describe the process that HCOs will use for identifying, documenting and managing critical resources across Partners, including the exercising of staff responsible for management and accountability of critical resources.
 - 1) Transport: Identify EMS and other transportation asset locations, requisition and coordination including staging areas.
 - 2) Staffing: Identify and evaluate control issues by limiting when and where companies and personnel can work in the disaster area.
 - 3) Equipment and Supplies: Each entity should establish a link between the Logistics Coordinator and/or Logistic Team and the Resource Support capabilities (resource and their ability to provide equipment and supplies in a timely and adequate manner).
- iii) Identify an integrated process for the collaborative implementation of the logistics capability of state agencies, public- and private-sector partners, and NGOs; this process is driven by three overarching principles:
 - 1) Integration of internal and external disaster logistics partners.
 - 2) Collaboration between public- and private-sector partners and NGO stakeholders.
 - 3) Communication between all elements involved in the process from planning through execution, sustainment, and demobilization of response resources.

d. Maintenance of Resources

- i) Identify and utilize existing comprehensive logistics systems and plans within your Coalition (i.e. WebEOC): management, sustainment, and capability that will harness the resources that will meet the needs of disaster victims and responders.
- ii) Identify and reference existing inventory of critical resources identified previously.
- iii) Incorporate advance planning, training, and exercises for logistics supported by the exercise of the plan.
- iv) Identify, document, and exercise staff that will be responsible for management and accountability of supplies and equipment; resource ordering; delivery of equipment, supplies, and services; resource tracking;

facility location and operations; transportation coordination; and management and support of information, technology systems services and other administrative services.

- v) Describe the process to streamline communication for tracking and accounting for resources in order to minimize recovery efforts in the impacted area and re-establish State and local self-sufficiency as rapidly as possible.
 - vi) Resource support may continue until the disposition of excess and surplus property, if any, is completed and resources are demobilized.
 - vii) Each Coalition should describe the process to implement a proactive response-and-recovery posture and the delivery of pre-positioned emergency supplies.
- e. MOUs, MOAs, IAAs: During response operations, acquisition of resources will be supported by pre-existing Memorandums of Understanding, Memorandums of Agreement and Inter-Agency Agreements along with existing supply contracts.
- i) Identify MOUs, MOAs, and IAAs and any existing contracts for the acquisition of critical resources.
 - ii) Available MOUs, MOAs, IAAs, and contracts can be listed in the plan appendices. De-confliction of these agreements should be placed in a resource matrix for ease of use and understanding.

10. **Section X - Plan Development and Maintenance**

- a. This section should consist of :
 - i) Multi-year Training and Exercise Plan (TEP) or equivalent summary of the training and exercise plan following HSEEP guidance
 - 1) Coordinate training and exercise schedule with the Planning Group.
 - 2) Place TEP schedules in appendices.
 - ii) Review schedule of the plan: An annual or bi-annual review schedule is created and placed in this section.
 - iii) Responsibilities for plan maintenance: This identifies the responsible parties for plan maintenance.

- iv) The process for contacting the primary POC or planning committee to request a revision or amendment of plan.
- b. Planning Guide: Appendix A - The Planning Process, is a reference to assist the Planning Group with the completion of the planning process and the development of the plan. The information in Appendix A will reference other sections in the plan elements document and will be redundant at times. However, this annex outlines the Planning Process as it should be performed at the Planning Group level. The Planning Group is also advised to review section 4; "The Planning Process" of the [Comprehensive Preparedness Guide, CPG 101, version 2.0, November 2010](#) for details on the planning process.

11. Section XI - **Administration/Finance Section**

- a. When a disaster occurs, providers are often times focused on patient care issues. Cost accounting and documentation of ongoing expenses related to the event can become a large problem if left unattended in both planning and response mode . Organizations should be aware of the type of emergency declared and whether this is a federal, state, or local designation - since the type of declared disaster determines whether and where disaster funds will be available.
- b. Local Reimbursement
 - i) Describe the process for local reimbursement.
 - ii) Reimbursement issues related to evacuated patients are handled between the sending and receiving hospitals.
 - iii) All participants in the evacuation or patient reception operation should maintain documentation of the personnel, equipment and resources used in the event for local, state and/or federal purposes.
 - iv) When patients are evacuated to other hospitals, financial agreements need to be made (The CO statewide hospital MOU should be used in these events). Centers for Medicare and Medicaid Services (CMS) consider these agreements to be a private matter between those two parties. CMS cannot dictate the terms of these agreements or interfere in providers' negotiations. If the facilities are unable to work out a financial arrangement, CMS may consider allowing each facility to bill for the services it provided. CMS will make these considerations on a case-by-case basis.
- c. State Reimbursement
 - i) Describe the process for State reimbursement.

- ii) Expenditures of state funds will be in accordance with state laws and regulations and subject to state and federal audits. Utilizing emergency powers, the Governor may mobilize all available state resources as necessary to cope with an emergency or disaster. State agencies, local governments and private agencies/organizations are responsible for collecting, reporting and maintaining records of expenditures; including costs for personnel, incurred as a result of an emergency or disaster. These records shall serve as supporting data in order to determine the need for and preparation of requests for federal assistance.
 - iii) The Governor may declare a State of Emergency to activate necessary state resources. If the emergency or disaster exceeds the state's capacity, assistance may be requested through the Emergency Management Assistance Compact (EMAC).
- d. Federal Reimbursement
- i) Describe the process for Federal reimbursement.
 - ii) The Governor may also request assistance from the President. Upon a Presidential Declaration, assistance as requested by the state will be provided through federal Emergency Support Functions (ESFs).
 - iii) If the President has declared an emergency or major disaster, it triggers the Small Business Administration and the FEMA reimbursement process. In addition, determining if the business is large or small will also determine the types of loans that the business is eligible to receive.
- e. Other issues: Reimbursement and continuation of services when a facility is damaged or has to be evacuated: It is possible that some provider locations may have been destroyed or are otherwise uninhabitable. As a result, physicians or other health care providers may set up a practice in a different physical location. Under normal circumstances, the provider would be required to complete the CMS-855 enrollment application. This process can be streamlined through carriers. Carriers will likely require at least a fax in order to make a change to a location. The fax must list the provider's Tax I.D. and enough information for the staff to be certain of the provider's identity, but will not require a CMS-855 form. The request will receive priority processing. This process will work if there is an original signature on an original application in-house. Carriers will make recommendations to the CMS Regional Office in situations when there is not an original signature to compare to the fax. Other CMS forms can be found at <http://cms.hhs.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html>.

12. Section XII - **Authorities and References Section:**

a. References

- i) [National Response Framework](#)
- ii) [Comprehensive Preparedness Guide, CPG 101, version 2.0, November 2010.](#)
- iii) [State of Colorado EOP](#)
- iv) [ESF #8 - Public Health and Medical Services Annex](#)
- v) [Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters](#)

b. Authorities: Add as applicable to your jurisdiction.

Appendix A: The Planning Process

- I. The Planning Process (The Planning Group should incorporate the following steps into their planning process and into the planning maintenance section):

- A. Step 1 - Form a Health Care Coalition Integrated Evacuation/Reception Planning Group:

1. Team members:

- a. At a minimum, invited participants should include the individuals or agencies listed in section E.1 of this guide
- b. In addition to these team members, the following individuals or agencies are highly encouraged to be invited to the meeting as SMEs:
 - i.) Fire
 - ii.) Law Enforcement
 - iii.) Social Services
 - iv.) Childcare, child welfare, and juvenile justice facilities
 - v.) National Guard
 - vi.) DOD
 - vii.) Veteran's Administration
 - viii.) CDC representative of the Division of Strategic National Stockpile
 - ix.) Private Sector entities
 - x.) Community Based Organizations (CBOs)
 - xi.) Faith Based Organizations (FBOs)
 - xii.) Advocacy organizations
 - xiii.) Volunteer Organizations Active in Disasters (VOAD)
 - xiv.) Others as deemed necessary
- c. Develop Roles and Responsibilities for all stakeholders: If appropriate authority is present, roles and responsibilities for each participating HCO or other agency can be developed. These roles and responsibilities will expand through the planning process but this beginning stage will be a good place to start the initial roles and responsibilities document.
- d. Roles and Responsibilities should be placed in the Organization and Assignment of Responsibilities section of the plan under Operations (consider starting Alert and Notification document – see Alert and Notification section under Operations)
- e. Tips for maintaining the Planning Group:
 - i.) Plan ahead: Provide sufficient notice for meetings.

- ii.) Provide information about team expectations: Planners should explain why participation is beneficial to their agency.
- iii.) Authority: Solicit buy-in from agency executive authorities that will prompt participation for the requested team members.
- iv.) Schedule Flexibility: Develop subcommittees to complete work with guidance from the main group but allowance of subcommittee flexible scheduling.
- v.) Consider External Facilitators: Third-Party facilitators can perform a vital function by keeping the process focused and mediating disagreements.

B. Step 2 - Determine the Situation: Identify Threats and Hazards regarding Evacuation of Public Health and Medical assets (once developed, these should be placed in Situation Overview Section):

1. Summarize the Characteristics of the Coalition's Area:
 - a. Climate
 - b. Geography
 - c. Demographics
2. Hazard Vulnerability Assessment:
 - a. The Planning Group should use available HVAs to develop their evacuation/reception planning. In the event that HVAs do not exist, work with the CO-OEM Coordinator for your area and public health districts to develop an HVA.
 - b. Using the HVA, determine planning priorities for **notice** and **no-notice** events requiring evacuation, reception, or shelter-in-place activity.
3. Capability Assessment
 - a. The capability assessment should be placed in the Resource/Logistics section of the plan; however, a brief summary of health care capability to respond to the listed hazard vulnerabilities could be included in the Situation Overview Section.

C. Step 3 - Determine Goals and Objectives

1. Develop operational priorities for the operations section (once developed, these should be placed in the Goals & Objectives Section under Operations). Operational priorities specify what the responding organizations are to accomplish to achieve a desired end-state for the operation. The senior official may communicate desired end-states for operations addressed in the plans. By using information from the risk profile developed as part of the analysis process, the Planning Group engages the senior official to

establish how the hazard or threat would evolve in the area and what defines a successful outcome for responders, disaster survivors, and the community.

2. Based on HVAs, specify what the responding organizations are to accomplish to achieve a desired end-state for the operation in the form of Goals & Objectives. Starting with a given intensity for the hazard or threat, the Planning Group imagines an incident's development from prevention and protection efforts, through initial warning (if available) to its impact on the area (as identified through analysis) and its generation of specific consequences (e.g., collapsed buildings, loss of critical services or infrastructure, death, injury, displacement). These scenarios should be realistic and created on the basis of the Coalition's hazard/threat and risk data. Planners should use the incidents that have the greatest impact on the area (worst-case), those that are most likely to occur, or an incident constructed from the impacts of a variety of risks. During this process of building an incident scenario, the Planning Group identifies the requirements that determine actions and resources. Planners are looking for requirements generated by the hazard or threat, the response, and by constraints/restraints.
3. Goals and objectives must be carefully crafted to ensure they support accomplishing the plan mission and operational priorities. They must also clearly indicate the desired result or end-state they are designed to yield. This approach enables unity of effort and consistency of purpose among the multiple groups and activities involved in executing the plan.
 - a. **GOALS** are broad, general statements that indicate the intended solution to the problems identified by planners. Goals are what personnel and equipment resources are supposed to achieve. They help identify when major elements of the response are complete.
 - b. **OBJECTIVES** are specific and identifiable actions carried out during the operation that lead to achieving response goals. The objectives should be **Specific, Measurable, Attainable, Relevant and Time-specific (SMART)**.
 - c. Goals & Objectives should be incorporated into the template Goals and Objectives section under Operations.

D. Step 4 - Plan Development

1. Develop and Analyze Courses of Action: Based on the operational priorities, goals and objectives developed from the HVAs; generate, compare, and select possible solutions identified in the previous step 3.
 - a. During plan development, the scenario is walked through step-by-step and planners depict how the scenario unfolds building a portrait of the incident's actions, decision points and participant activities to develop a course of action.

- b. When developing a course of action, the Planning Group should consider the following during the development of the Operations section:
- i.) Operational Considerations: The following should be considered and discussed at multiple stages of the planning process but should be addressed in Concepts of Operations:
 - 1) Federal, State, Local Regulations, Policies, Procedures, Protocols
 - 2) Health Care Organization Specific Protocols
 - 3) MOUs, MOAs, IAAs
 - 4) Special Medical Needs
 - 5) Volunteer Operations
 - 6) Sheltering Operations
 - ii.) Goals and Objectives (identified in step 3)
 - iii.) Direction Control and Coordination
 - iv.) Organization and Assignment of Responsibility
 - v.) Alert and Notification
 - vi.) Sequence of Actions (the meat of the plan and what this section develops)
 - vii.) Recovery Operations
 - viii.) Additional Planning Considerations: The following is a non-exhaustive list of topics that should be considered and discussed during the planning process:
 - 1) Health and Medical Waivers (CDPHE has prepared waivers that may also be available on [CO-SHARE](#))
 - 2) Patient Tracking and Patient Transfer Point
 - 3) Patient, Responder, and Staff Behavioral Health
 - 4) Family Reunification and Family Assistance Center
 - 5) Crisis Standards of Care
 - 6) Pet Policy
 - 7) Patient Records and IT Backup Plan
 - 8) Continuity of Operations Plan
 - 9) Credentialing
- c. The next page provides guidance on developing a course of action.

Steps to Develop the Sequence of Actions during Plan Development: Refer to the [Comprehensive Preparedness Guide, CPG 101, version 2.0, November 2010](#)

Establish the timeline

- 1) Planners should cover all mission areas in the timeline and typically use the speed of incident onset to establish the timeline. The timeline may also change by phases. For example, a blizzard's speed of onset is typically hours or days, while a major HAZMAT incident's speed of onset is minutes. The timeline for a blizzard might be in hours and days, particularly during the pre- and post-impact phases. The timeline for the HAZMAT incident would most likely be in minutes and hours. For a multi-jurisdictional or layered plan, the timeline for a particular scenario is the same at all participating levels of government. Placement of decision points and response actions on the timeline depicts how soon the different entities enter the plan.

Depict the Scenario

- 1) Planners use the scenario information developed in Step 3 and place the incident information on the timeline.
- 2) Walk through each step of the scenarios (specific hazards identified through risk assessment in step 2) and lay out the time table of when events are most likely to occur. Note: Requires entire Planning Group collaboration.

Identify and depict decision points

- 1) Decision points indicate the place in time, as incidents unfold, when leaders anticipate making decisions about a course of action. They indicate where and when decisions are required to provide the best chance of achieving an intermediate objective or response goal (the desired end-state). They also help planners determine how much time is available or needed to complete a sequence of actions.
- 2) Place these decision points into the timeline.

Identify and depict operational tasks

- 1) For each operational task depicted, some basic information is needed. Developing this information helps planners incorporate the task into the plan when they are writing it. Planners correctly identify an operational task when they can answer the following questions about it:
 - a) What is the action?
 - b) Who is responsible for the action?
 - c) When should the action take place?
 - d) How long should the action take and how much time is actually available?
 - e) What has to happen before?
 - f) What happens after?
 - g) What resources does the person/entity need to perform the action?

Select courses of action

- 1) Once the above analysis is complete, planners must compare the costs and benefits of each proposed course of action against the mission, goals, and objectives. Based on this comparison, planners then select the preferred courses of action to move forward in the planning process. While not necessary for every course of action identified, planners should use their best judgment and identify when the selection of a course or courses of action will need to be elevated to the senior elected or appointed official for approval. Where practical, the appropriate official should approve these actions prior to the review and completion of the plan.

2. Identify Resources:

- a. Modeling: There are data and modeling tools developed by CDPHE-OEPR and/or AHRQ that can be found or referenced in the Resource/Logistics Section. The Planning Group should use these data and modeling tools to identify resource needs and shared resources.
- b. Capability Assessment: The Planning Group should develop capability estimates for staffing, equipment and supplies for successful operations. This resource section may be labor intensive and will require input from authorities from the HCOs within the Coalition.
- c. Requesting the Next Level of Resources: During major incidents there may be a time when the local jurisdiction is overwhelmed, requiring a need for resources that dictates a higher coordinating level of management. These “trigger” points that are specific to your jurisdiction(s) and needs, should be detailed in the resources section and cross-referenced within the document to the Alert and Notification section of the plan.
- d. Coordination of Resources: There will need to be coordination of resources built into the plan that coordinate information; communication; transport; equipment and supplies; staffing, volunteers, space, medical records; and many other resources that will come to light as the planning commences. Coordination matrices should be developed based on input from SMEs and modeling tools and be described in the Resource section and referenced in the Concept of Operations section with the matrices placed in the appendices.
- e. Maintenance of Resources: A plan to maintain, resupply, train, recover, and reimburse should be developed and placed in the Resource section.
- f. Agreements, compacts and contracts such as MOAs and/or MOUs should be detailed in this section to determine cross-referencing and comparison of resources.
- g. All resources and the capability assessments should be placed in the Resource/Logistics Section in the form of tables, matrices or written documents. They should be referenced in the Concept of Operations Section to support the goals and objectives of the operation.

3. Identify Information and Intelligence Needs (I&I)

- a. Determine all information that will be needed during an incident including, but not limited to:
 - i.) Transportation needs
 - ii.) Resource needs and locations
 - iii.) Bed availability and specialty bed needs
 - iv.) Communication plans
 - v.) Latest Incident Situation Report
 - vi.) Patient Tracking
 - vii.) Staffing Levels

- b. Determine how this I&I will be obtained using which systems and ensure that they are detailed within the plan. For example, when assessing for transportation needs there will be a need to contact EM and the Incident Command Post (ICP) or EOC for assistance. This process needs to be specified within the plan. I&I needs should be placed in the Information, Analysis and Dissemination Section and referenced in the Concept of Operations and Resources/Logistics section.

E. Step 5 - Plan Preparation, Review and Approval:

- 1. Write the Plan
 - a. Keep the language simple;
 - b. Avoid jargon or acronyms;
 - c. Use short sentences and the active voice;
 - d. Provide adequate detail to make the plan actionable; and
 - e. Format the plan according to the guidelines in the plan elements.

- 2. Review the Plan
 - a. Check the plan for conformity to applicable regulatory requirements and the standards of federal or state agencies, as appropriate, and for its usefulness in practice.

 - b. Check the plan for:
 - i.) Adequacy: The scope and concept of planned operations identify and address critical tasks effectively; the plan can accomplish the assigned mission while complying with guidance; and the plan's assumptions are valid, reasonable, and comply with guidance.

- ii.) Feasibility: A plan is feasible if the organization can accomplish the assigned mission and critical tasks by using available resources within the timeframe of the plan.
- iii.) Acceptability: A plan is acceptable if it meets the requirements driven by a threat or incident; meets decision maker and public cost and time limitations; and is consistent with the law.
- iv.) Completeness: A plan is complete if it:
 - 1) Incorporates all tasks to be accomplished;
 - 2) Includes all required capabilities;
 - 3) Integrates the needs of the general population and those with special needs (see pages 4-18 to 4-24 of the [Comprehensive Preparedness Guide, CPG 101, version 2.0, November 2010](#) for questions to ask about special needs compliance);
 - 4) Provides a complete picture of the scope and sequence of the planned response operation;
 - 5) Makes time estimates for achieving objectives; and
 - 6) Identifies effective criteria and a desired end-state.
- v.) Compliance: The plan should comply with guidance and doctrine using this guide and the references listed herein.

- 3. Approve and disseminate the Plan: Once the plan is approved within the Planning Group; it will be forwarded for review and editing by the Planning Group. Once that process is complete, it may then be disseminated to stakeholders.

F. Step 6 - Plan Implementation and Maintenance

- 1. Train: Disseminate the plan to stakeholders and encourage them to train their staff.
- 2. Exercise: Incorporate the plan into exercises using the concepts of Homeland Security Exercise and Evaluation Program (HSEEP) to develop a Corrective Action Plan (CAP) and Improvement Process (IP) for use when it is time to review and revise the plan.

3. Review, Revise and Maintain: Use the lessons learned from exercise CAP/IPs to start the planning cycle again at Step 2. Reviewing and/or revising plans should be scheduled based on guidelines provided but should occur at a minimum every two years. Upon planning revision, the plan should also be submitted to the HPP Program Manager with CDPHE-OPER and local emergency manager. Planning teams should also consider reviewing plans after:
 - a. Major incidents;
 - b. Changes in operational resources;
 - c. Formal updates in planning guidance or standards;
 - d. Changes in elected officials;
 - e. Each activation;
 - f. Major exercises;
 - g. Changes in the Coalition's demographics or HVA profile;
 - h. Changes in the acceptability of various risks; and/or
 - i. Enactments of new or amended laws or ordinances.

- G. Legal Immunities and Liabilities: During the planning process, SMEs in regulatory positions should be in attendance during plan development and plan review to assist in the identification of legal issues. These regulations should be referenced within the plan and annotated in a section specifically set aside for regulations and legal issues.