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GOOD STORY

Incident Management: The Central Ohio Trauma System's Hospital Incident Liaison

SUMMARY

The Central Ohio Trauma System (COTS) established the Hospital Incident Liaison (HIL) role to support central Ohio hospitals and partnering agencies in the event of a disaster, regardless of its scale. The HIL serves as a conduit for situational awareness and information sharing, assists with regional resource allocation, and facilitates the coordination of response activities for 29 trauma and acute care hospitals throughout central Ohio. The HIL operates within an Incident Command System structure and is able to deploy regional medical assets during emergencies.

BACKGROUND

COTS is a 501(c)(3) private non-profit organization that coordinates trauma care, emergency care, and disaster preparedness systems throughout 15 counties in central Ohio. COTS serves as the hospital preparedness coordination agency for the central Ohio Homeland Security Region 4 (see map 1 below). The COTS Board of Trustees consists of hospitals and emergency medical services (EMS) providers, Columbus Medical Association physicians, and local health agency representatives. COTS manages and distributes Federal preparedness funds to 29 partnering hospitals and community healthcare partners in Region 4. These funds enhance individual and regional hospital preparedness planning through the purchase of equipment and supplies, participation in training and exercises, and other preparedness initiatives.

The Central Ohio Homeland Security Region 4 includes the 15 counties of Crawford, Delaware, Fairfield, Fayette, Franklin, Hardin, Knox, Licking, Logan, Madison, Marion, Morrow, Pickaway, Union, and Wyandot (see map 1 below).

The COTS HIL role emerged as a direct response to the September 11, 2001, terrorist attacks. COTS conducted planning for a potential influx of victims to the two verified burn centers in central Ohio. As part of this process, COTS contacted all Franklin County, OH, hospitals to inquire about bed availability and other resource needs in the event that the burn centers would require transfers of less critical patients. All hospitals demonstrated receptiveness to share resources and assist one another in order to respond collectively to the disaster. The COTS Executive Committee recognized the value in collaboration and an ongoing need for coordinated hospital response. Consequently, the committee met to define and implement the HIL role.

GOALS

The HIL program assists 29 trauma and acute care hospitals in central Ohio with resource allocation, coordination, and unified response in the event of a disaster. The HIL program promotes situational awareness and information sharing among hospitals, public health, emergency management, and other partnering agencies.

DESCRIPTION

COTS established the HIL program and developed specific response guidelines following the September 11, 2001, terrorist attacks. The HIL is a recognized and integral component of city, county, regional and state emergency response planning and is seated at the regional Emergency Operations Center under ESF #8 – Public Health and Medical Services.

HIL Personnel

The HIL position is staffed by 10 personnel who work for the COTS's Disaster Preparedness Department. These dedicated personnel are familiar with the disaster preparedness and response capacities, capabilities, and requirements of central Ohio hospitals and partnering agencies. In addition, all personnel received National Incident Management System training and most obtained Homeland Security Exercise and Evaluation Program certification from Federal Emergency Management Agency's (FEMA's) Emergency Management Institute.

HIL staff members have received training in all the appropriate COTS protocols, procedures, and guidelines. Further, HIL staff members have been trained and maintain proficiency on various communications equipment and systems routinely used to collect and share information with hospitals and partnering agencies encompassing Region 4.

Rotation System

COTS utilizes a rotation system to ensure that the HIL role is staffed at all times. Based on this system, a primary and secondary HIL are on duty 24 hours a day, 7 days a week, for a month's duration or other time frame as agreed upon by HIL personnel. A primary and secondary HIL are appointed at all times as a measure of redundancy in response operations.

Regular Activities

HIL staff members meet a minimum of once per month to review and revise all relevant plans and procedures and to assess HIL response during exercises and/or real world events. This helps COTS maintain a flexible, up-to-date, and effective HIL program. Further, monthly meetings allow HIL personnel to share information and learn from one another, and to quickly address any issues or gaps in planning that may have emerged over the previous month.

HIL staff members also participate in monthly communication drills and regional exercises with central Ohio's hospitals. This allows HIL personnel and hospitals to test their communications systems and procedures regularly. As a result, hospitals and other partnering agencies maintain their familiarity with HIL roles and responsibilities, and can leverage the HIL's capabilities effectively during a disaster.

Communications and Information Sharing

Equipment and systems that the HIL can use to communicate both horizontally (with each other) and vertically (with hospitals and/or partnering agencies) during a disaster include:

- Amateur radios;
- Multi-Agency Radio Communication System;
- Telephone Emergency Notification System;
- The Ohio Public Health Communication System; and
- Web-Based Collaboration and Conferencing System.

COTS also created the Central Ohio Healthcare Disaster Information Management System (COHDIMS), a one-stop-shop system to track and manage hospital information during

disasters. Hospitals and the HIL use COHDIMS to monitor incidents, update situation reports and emergency contact information, report bed capacity and mass casualty status, and document resource needs and/or mutual aid resources available.

Emergency Operations Notification

COTS established a dedicated telephone number that hospitals and partnering agencies call to notify the HIL of an emergency. All calls are instantaneously routed through a paging service, which is available 24 hours a day, 7 days a week. Both the primary and the secondary HIL carry pagers throughout the duration of their assignments to ensure that emergency notifications are received at all times.

In order to avoid duplication of efforts, the primary HIL assumes the position of HIL Incident Commander and is responsible for the immediate response to pages as well as for confirmation and/or follow up with the secondary HIL. In the event that the primary HIL is unavailable, the secondary HIL assumes primary status until further notice.

Local medical, emergency management, and emergency response agencies can notify the HIL of an emergency, including:

- American Red Cross Chapters;
- Communications Centers;
- Emergency Management Agencies;
- Emergency Dispatch;
- EMS;
- Fire;
- Hospitals;
- Law Enforcement;
- Public Health Departments and Districts; and
- Poison Control Centers

The COTS HIL role is written into city, county, regional, and state emergency response plans. Many partnering agencies have programmed the HIL pager number into their automatic alerting systems, which allows for immediate notification to the HIL on duty at the onset of an emergency.

COTS guidelines instruct hospitals and partnering agencies to notify the HIL as soon as possible during any event in which:

- A hospital goes on lockdown;
- A hospital may require disaster-related information or mutual aid resources from other hospitals;
- Large numbers of contaminated victims require care;
- Large numbers of ill and/or injured patients may overwhelm local healthcare resources;
- Public health or public safety information needs to be quickly disseminated to central Ohio hospitals; and/or
- The incident affects more than one central Ohio hospital.

Activation and Assessment

Following initial notification, the primary HIL assesses the information received from the source to determine its validity. The HIL then uses COTS pre-established classification guidelines to categorize the event. Based upon this classification, the HIL may appoint additional HIL staff to fill Incident Command positions, including Planning, Communications, and Logistics Section Chiefs.

The HIL employs four levels of classification to categorize incidents:

- **Level 0:** An incident that requires the HIL to provide situational awareness and monitoring only.
- **Level 1:** A localized, contained incident that is quickly resolved with limited assistance from the HIL. Such incidents may include a hospital power outage or internally managed decontamination event not requiring deployment of external resources.
- **Level 2:** A serious emergency that disrupts one or more of the hospital's operations within a county or area, requiring resource or other coordination efforts from the HIL. Such emergencies may include severe weather incidents or a total hospital evacuation.
- **Level 3:** A disaster that impairs or is expected to impair operations of several hospitals within an area and requires the HIL to coordinate with other hospitals, partnering agencies, and/or other regions/states. Such disasters include pandemics and mass casualty incidents (MCIs).

Activities and Regional Resource Cache Deployment

The HIL may perform the following response operations, among others, in the event of a disaster:

- Assess hospitals' needs and requirements;
- Collect and disseminate information from hospitals and other community partners;
- Coordinate delivery of resources from one hospital or partner agency to another;
- Deploy regional resources housed by COTS;
- Notify hospitals of incidents via a phone and Web-based alerting system (one that is capable of alerting recipients by phone, pager, fax and/or email)
- Obtain situation reports, bed capacity information, mass casualty status, and other data from hospitals utilizing real-time Web-based reporting systems;
- Streamline communications among hospitals to facilitate information sharing and situational awareness;
- Serve as an information clearinghouse for subject-matter guidance and sharing of best practices.

If necessary, the HIL can deploy stockpiled regional resources in the event of a disaster. Such resources include the regional critical care cache, personal protective equipment cache, evacuation caches, triage and patient mobilization caches, burn surge caches, and pharmaceutical caches. Further, the HIL can coordinate access to additional regional and/or state assets such as body bags, mobile oxygen dispensing trailers, and more through partnerships with Regional Healthcare Coordinators and other stakeholders throughout the state.

COTS Regional Resource Caches

- **Burn Surge Caches** include medical supplies for hospitals to treat burn victim patients for a period of 48 hours.
- **Critical Care Cache** contains cardiac monitors, ventilators, portable suction machines, and other critical care patient supplies. The HIL can deploy this cache when a hospital experiences a surge of very sick or injured patients that quickly depletes the hospital's critical care assets.
- **Evacuation Caches** include mobile medical evacuation equipment, housed and ready to be deployed within trailers.
- **Disaster Triage and Patient Mobilization Caches** enable EMS providers to triage and mobilize victims following a large-scale MCI.
- **Personal Protective Equipment (PPE) Cache** contains disposable and reusable masks, in addition to gowns, gloves, and goggles.
- **Pharmaceutical Caches** provide access to treatment against biological, viral, chemical, and/or radiological hazards for hospital staff and immediate family members during the first 72 hours of a disaster.

REQUIREMENTS

Keys to Success

The success of the HIL role can be attributed to several factors, including:

Commitment to Collaboration

COTS created the HIL role to support hospital collaboration and to facilitate a coordinated approach to hospital disaster response efforts throughout central Ohio. The HIL's success is a result of each participating hospital's dedication to disaster preparedness planning and commitment towards regional collaboration.

Effective Communications

HIL personnel support and streamline communication among hospitals and partnering agencies in order to enable information sharing and to determine potential resource needs before, during, and following a disaster.

Local Dedicated Personnel

COTS employs personnel who work for its disaster preparedness department to staff the HIL role. These dedicated personnel are familiar with the disaster preparedness and response capacities, capabilities, and requirements of central Ohio hospitals and partnering agencies.

Regular Activation

The HIL is activated for minor and major emergencies including communications systems and power outages, bomb threats, and severe weather incidents. In addition, the HIL role is regularly tested through ongoing internal and regional exercises. Regular activation allows hospitals to increase their familiarity with the HIL role. This helps to ensure that the HIL is incorporated into planning and utilized effectively during disasters.

Funding and Regional Partnerships

The HIL role is made possible due to sustained funding from the Ohio Department of Health through a grant from the U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response.



Map 1: Ohio's Homeland Security Planning Regions

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