



Disaster Networking Collaborative

Introduction to the Emergency Management Landscape



INTRODUCTION TO THE EMERGENCY MANAGEMENT LANDSCAPE

Purpose: The following information can be used by children's hospitals to increase awareness of the Emergency Management (EM) landscape and the external partners involved, thereby creating a space to integrate into the EM landscape by a "lead from behind" model where children's hospitals can aid local and regional efforts to develop training and resources for a pediatric focused disaster response.

Background: An Emergency Operations Plan can point the planning coordinator/emergency manager to applicable authorities, perceptions of risk in the community, members of the jurisdiction's emergency response organization, and mutual aid agreements with other jurisdictions.

A cohesive Emergency Operations Plan involves several crucial concepts: (FEMA 1996)

- Assigns responsibility to organizations and individuals for carrying out specific actions at projected times and places in an emergency that exceeds the capability or routine responsibility of any one agency, e.g., the fire department
- Sets forth lines of authority and organizational relationships and shows how all actions will be coordinated
- Identifies personnel, equipment, facilities, supplies, and other resources available — within the jurisdiction or by agreement with other jurisdictions — for use during response and recovery operations

Within the Robert T. Stafford Disaster Relief and Emergency Assistance Act, the elected leadership in each jurisdiction is legally responsible for ensuring that necessary and appropriate actions are taken to protect people and property from the consequences of emergencies and disasters.

There should be an existing Threat and Hazard Identification and Risk Assessment (THIRA) that focuses on infrastructure, high level threats, and most likely scenarios. Generally, a THIRA is conducted and maintained in the office of public health. The point of contact is the state Hospital Preparedness Program (HPP)'s director and/or state emergency management coordinator.

REGIONAL ORGANIZATIONS IN THE EM LANDSCAPE WITH WHOM TO PARTNER AND ENGAGE

Please note this list is not comprehensive. Each region and area could have additional organizations to consider.

Emergency Medical Services for Children (EMSC) State Partnership Programs:

The purpose of this program is to support demonstration projects for the expansion and improvement of emergency medical care for children. This program achieves these goals by 1) expanding the uptake of Pediatric Readiness Guidelines in emergency departments and emergency medical services (EMS) systems; 2) increasing pediatric disaster readiness by supporting the integration of pediatrics in hospital and prehospital disaster plans; 3) and prioritizing family partnership and leadership to improve EMSC systems of care. The details on this foundational initiative can be found at <https://emscimprovement.center/programs/partnerships/> and <https://www.hrsa.gov/grants/find-funding/HRSA-23-063>. The EMSC state programs are located in the state offices of EMS or accredited schools of medicine across the majority of states, territories, and freely associated states. While there are overarching priorities, each State Partnership Program has individualized areas of focus, staff support, and an advisory committee that includes a pediatrician.

Hospital Preparedness Program (HPP): Provides leadership and funding through cooperative agreements to states, territories, and eligible major metropolitan areas to increase the ability of HPP funding recipients to plan for and respond to large-scale emergencies and disasters. HPP is the primary source of federal funding (through the Administration for Strategic Preparedness and Response or ASPR) for health care system preparedness and response and, in collaboration with state and local health departments, prepares health care delivery systems to save lives through the development of health care coalitions (HCCs). The HCCs offer the following:

- Sharing strategies for contingencies
- Just in time training modules
- Crisis Standards of Care
- Surge capacity
- Deployment of staff and supplies
 - Disaster Medical Assistance Teams (DMAT)
 - Supply depots/trailers around the state
 - Chemical, Biological, Radiological and Nuclear (CBRN) training and materials

Healthcare Coalition: Healthcare coalitions play a critical role in providing and linking healthcare and public health preparedness and response capabilities. HCCs are groups of individual healthcare and response organizations in a defined geographic location that serve as multi-agency coordinating groups to support and integrate with public health and medical services activities. HCCs include four core members: hospitals, EMS, EM organizations, and public health agencies. The Indian Health Service and local tribal councils should be involved in planning and outreach. HCCs serve as communication hubs for participating

entities and coordinate the sharing of resources, policy, and practices both prior to and during an event. HCCs can be led by local health departments or share responsibility with healthcare and emergency management agencies.

ASPR Pediatric Disaster Care Centers of Excellence: Through cooperative agreements, three centers were established to improve disaster response capabilities for children in the U.S. For additional information, see Region V for Kids, Western Regional Alliance for Pediatric Emergency Management, and Gulf-7 Pediatric Disaster Network at <https://emscimprovement.center/domains/preparedness/asprcoe/>.

Public Health Emergency Preparedness (PHEP): Through a cooperative agreement with the Centers for Disease Control and Prevention, provides critical funding for state, local, and territorial public health departments. Since 2002, PHEP has aided public health departments across the nation to build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP cooperative agreement specifically target the development of emergency-ready public health departments that are flexible and adaptable.

Intersystem Coordination-Hospital Systems: Large hospital organizations are nimbler and often have greater local understanding than federal government response. They can coordinate transfer centers, chief nursing and medical officer meetings, load leveling to share higher and lower acuity patients among different hospitals within the same network, and perform large scale drills and exercises.

State Emergency Manager Programs: It is necessary for pediatric providers to have a seat at state meetings to advocate for pediatric specific needs and response measures.

Local Emergency Planning Committee: Local Emergency Planning Committees (LEPCs) must develop an emergency response plan, review the plan at least annually, and provide information about chemicals in the community to citizens. Plans are developed by LEPCs with stakeholder participation. There is one LEPC for each of the more than 3,000 designated local emergency planning districts. The LEPC membership must include (at a minimum):

- Elected state and local officials
- Police, fire, civil defense, and public health professionals
- Environment, transportation, and hospital officials
- Facility representatives
- Representatives from community groups and the media

Community-based Organizations

Examples include, but are not limited to:

- Medical Reserve Corps
- Red Cross
- Salvation Army
- Faith-based groups
- Educational leaders/school districts and related personnel

GROWING YOUR INFLUENCE IN THE EMERGENCY MANAGEMENT LANDSCAPE

The illustration below can be used to guide your hospital's disaster management team or experts to engage with the EM landscape and promote leadership roles in pediatric preparedness.





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