

**North Carolina Healthcare Preparedness, Response, and Recovery Program
METROLINA HEALTHCARE PREPAREDNESS COALITION
FY14-15 Carryover Project Submission**

SMAT III PPE

Activity: *Please clearly define and/or describe the proposed activity to be addressed, to include partnerships, or multiregional, or state collaboration, and associated objectives of the activity.*

Purchase cooking equipment and supplies for use with the freeze-dried food that was purchased in FY 2013 utilizing ASPR funds

Capability: *Please identify the associated HPP capability the proposed activity will address. If there are multiple capabilities, please identify the primary.*

This project addresses Capability 10, Function 3.

Gap(s): *Please detail the gap(s) associated with this activity and justification, i.e., identified through AAR, etc.*

Freeze dired food was purchased in FY 2013 for the SMAT team deployment. No equipment was purchased to prepare or serve the food at that time.

Benchmarks: *Please detail the benchmarks to completion of the proposed activity.*

Purchase of 5 MSA PAPRs.

Budget: *Please provide budget detail as known or estimated through quotes, etc.*

Item Description	Quantity	Unit Price	Total Cost
100 gallon Rubbermaid Stock Tank	2	79.99	\$159.98
40 qt Stock Pot	2	86.88	\$173.76
32 qt Stock Pot	2	58.88	\$117.76
20 qt Stock Pot	2	57.98	\$115.96
16 qt Stock Pot	2	49.98	\$99.96
12 qt Stock Pot	2	44.98	\$89.96
Ladle	10	\$12.00	\$120.00
Serving Spoons	10	12.00	\$120.00
Plastic Spoons	2000		\$35.00
Paper bowls with lids	250		\$46.78
20oz Clear Plastic Cups	600		\$45.98
10oz Insulated Cups	1000		\$18.98
TOTAL			\$1,144.12

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SMAT III PPE

Activity: *Please clearly define and/or describe the proposed activity to be addressed, to include partnerships, or multiregional, or state collaboration, and associated objectives of the activity.*

Purchase of 5 MSA PAPRs for Gaston County SMAT III.

Capability: *Please identify the associated HPP capability the proposed activity will address. If there are multiple capabilities, please identify the primary.*

This project addresses Capability 14, Function 2.

Gap(s): *Please detail the gap(s) associated with this activity and justification, i.e., identified through AAR, etc.*

Gaston County SMAT III was not included in last year's PPE project because they utilize a different brand of PAPR in their county. However, after further discussion, it was decided that they needed to have the new MSA PAPRs on hand in order to be compatible with the other SMAT III teams. As a regional project, Gaston EMS is able to purchase 2 sets. This carryover project will be used to complete their 7 PAPR set.

Benchmarks: *Please detail the benchmarks to completion of the proposed activity.*

Purchase of 5 MSA PAPRs.

Budget: *Please provide budget detail as known or estimated through quotes, etc.*

Item Description	Quantity	Unit Price	Total Cost
MSA CBRN PAPR (4DKY9)	5	773.84	\$3,869.20
MSA Millennium Mask (4DA80)	5	308.87	\$1,544.35
NiMH Rechargeable Battery (4DKZ3)	5	132.27	\$661.35
Rapid Battery Charger (4DKZ4)	5	159.81	\$799.05
MSA Filters (4DA82)	10	49.75	\$497.50
TOTAL			\$7,371.45

**North Carolina Healthcare Preparedness, Response, and Recovery Program
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Statewide Hospital Decontamination Guidance Augmentation

Activity: Augment the statewide hospital decontamination guidance initiative with additional travel and training materials

- Travel
 - Additional travel will be required for meeting attendance, site visits, and education/ project implementation. This will potentially include a site visit to Georgia to discuss best practices with the leaders of the Georgia Hospital Decontamination Guidance program.
- Educational Materials
 - Print 200 manuals, resource cd, and other teaching tools for the initiation of the training program.

Capability: Capability 10 Medical Surge Function 3

Gaps: The following 3 Gaps were identified during the planning meetings for the Statewide Hospital Decontamination Guidance.

Number 1: Travel – This is a statewide project with team members from the entire state. Currently, the meetings are virtual, but there will be a need for final rollouts of the program to the hospitals across the state. This will

Number 2: Training Materials – During the pilot of the training program, training manuals will be needed. After the pilot, changes might be required to the program so only a small cache should be printed initially. After the rollout, the final documents will need to be provided to the hospitals. This can be done via regional websites and CDs. It will then be the host facility’s responsibility to print the manual.

Budget:

Items	Unit Price	Qty	Total
Travel			\$2,800.00
Training Manual (250 pages estimated)	\$60	200	\$12,000.00
CDs and other supplies			\$500.00
	Project Total		\$15,300.00

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FY14-15 Carryover Project Submission

Long Term Care Engagement

Activity: *Please clearly define and/or describe the proposed activity to be addressed, to include partnerships, or multiregional, or state collaboration, and associated objectives of the activity.*

The Metrolina Healthcare Preparedness Coalition would like to support the incorporation of disaster risk reduction into community preparedness, response, and recovery activities by incorporating skilled nursing and assisted living facilities into the coalition. While there are 25 hospitals and 13 EMS agencies in the Metrolina geographic area, there are hundreds of skilled nursing and assisted living facilities, the current capabilities, infrastructure, and planning activities of which are largely unknown. Planning and coordination of disaster response and recovery between these agencies needs to occur now. During an incident when the hospitals are surged and EMS is overwhelmed, the low resilience of these facilities can easily exacerbate the event.

This project will determine the best means by which skilled nursing and assisted living facilities can be incorporated into the coalition. Their incorporation will not only foster whole-community planning initiatives, but will also foster consistent response and recovery activities and communications between partners and the public.

This is an underutilized area of expertise that can give and receive great benefit by their incorporation into the regional healthcare preparedness community. By integrating skilled nursing and assisted living facilities into the ongoing preparedness within the healthcare community, and opening the lines of communication between them, the MHPC will be bolstering the community as a whole.

This project will focus heavily on communication and partnership building. It must begin with research into the regulatory and non-regulatory needs of these agencies, their organizational infrastructure, and their current emergency preparedness status. Additionally, the considerations of EMS, hospital, public health, and emergency management representatives must be acknowledged and integrated into the implementation plan as well.

After initial research was performed utilizing regulatory documents and scholarly journals, discussions with representatives from all concerned parties was conducted via workshop to alleviate crossed or mixed messages, and to facilitate open discussion amongst all parties. Participants in this Initial Workshop included representatives from various skilled nursing and assisted living facilities as well as representatives from EMS, Hospitals, Public Health, and Emergency Management. Following the workshop, visits to various individual Skilled Nursing Facilities will occur, to ensure input is received from a variety of small, rural agencies, as well as large, corporate agencies. Additionally, two educational seminars will be conducted for the benefit of the hospitals, public health, and county emergency management. This was decided after it was concluded that many partners did not understand the differences and similarities between Skilled Nursing Facilities and Assisted Living Facilities. This understanding is integral to further discussions of healthcare emergency preparedness. Finally, two disaster planning training opportunities will be provided to the regional Skilled Nursing Facilities.

Capability: Please identify the associated HPP capability the proposed activity will address. If there are multiple capabilities, please identify the primary.

While this activity addresses many of the capabilities, Capability 1, Healthcare System Preparedness, is the primary as it covers all 7 functions.

Gap(s): Please detail the gap(s) associated with this activity and justification, i.e., identified through AAR, etc.

After the winter storms in January and February 2014, a number of facilities mentioned to County EMs and hospital representatives that they came close to evacuating their residents to the hospitals. This came as quite a shock to the hospital emergency managers who were not expecting to have such a surge in the midst of the snow storm. This was the first After Action discussion that alerted us to the need to incorporate LTC into our coalition.

During our regional exercise series in August 2014, Cleveland Pines Nursing Home participated with Cleveland County EMS in “evacuating” their facility to special needs shelter setup by Cleveland County SMAT III. This process identified many planning and response gaps in the evacuation of a skilled nursing facility, as well as the need to incorporate these facilities into EMS planning as well. In many discussions with assisted living facilities and skilled nursing facilities, they stated that their “Emergency Operations Plan was to call 911 and evacuate to the hospital.” This plan, of course, is unknown to EMS and the hospitals.

Benchmarks: Please detail the benchmarks to completion of the proposed activity.

Due to the nature of the project, qualitative measures will be used to determine success, as opposed to quantitative measures. The qualitative data types to be gathered will include interviews and written documents. In-depth interviews will be conducted in both “group” interview format (initial workshop) and individual interviews (facility visits). Examples of written documents will include copies facility’s existing Emergency Operations Plans and Exercise After-Action Reports. These documents will assist in identifying areas of opportunity where the emergency planning of skilled nursing and assisted living facilities can integrate with the emergency planning of local hospitals and EMS agencies. However, attendance to the workshop, educational seminars, and training opportunities will be considered as quantitative data for this project.

Budget: Please provide budget detail as known or estimated through quotes, etc.

Due to the interpersonal nature of this project, face-to-face time with representatives will be paramount. Necessary travel across the region has been estimated at approximately 600 miles. Two personnel will attend the NC Health Care Facilities Association Convention in February to discuss this project.

The initial workshop, two educational seminars, and two training opportunities will be conducted in various venues across the region, so as to garner the greatest attendance.

ITEM	Unit Cost	Quantity	Total
Travel	\$0.560/mi	600 mi	\$336.00
North Carolina Health Care Facilities Association Convention	\$1000.00*	2	\$2,000.00

Educational and Training Seminars (incl venue rental, travel, and support materials)	\$2,000.00*	4	\$8,000.00
GRAND TOTAL			\$10,336.00

* Estimated Cost.

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Regional Exercise Augmentation

Activity: Augment the regional and partner exercises with additional supplies and mileage for travel.

- Resources
 - Purchase additional inflatable manikins to allow greater medical surge during exercises
 - Armbands: Provide identification of the exercise evaluators, controllers, and observers to increase to understanding of roles and security of the site.
- Travel
 - Provide additional travel reimbursement to attend planning meetings with regional partners. The current goal is to participate in 1-2 emergency management committee meetings per 21 hospitals and LEPC meetings at the county level for planning and engagement. Additional planning trips may be required based on the partner capabilities.

Capability: Capability 1 Healthcare System Preparedness Function 6

Gaps: The following 3 Gaps were identified during the Regional Exercise Series in 2014.

Number 1: Adult Inflatable Manikins – Acquiring live “patients” for an exercise is ideal, but it is increasingly challenging to find sufficient volunteers. IN addition, the inclusion of several facilities within each exercise shrinks the available pool even smaller. During the last exercise, patients had to be rotated several times. This removed them from the patient rooms they could no longer be “treated”. This decreased the realism even more. Additionally, the MHPC is assisting with additional exercises throughout the year and these are a valuable resource. The MHPC currently has 40.

Number 2: Pediatric Inflatable Manikins – The above applies to the pediatric manikins. Pediatric preparedness is a gap that has been identified. More exercises including children need to be conducted. There are safety and psychosocial issues associated with utilizing live children. The MHPC currently has 10 pediatric manikins. The additional 10 would allow for a larger exercise.

Number 3: Manikin Pumps – The manikins need to be inflated. It is very challenging to do this manually.

Number 4: Travel – There will be extensive travel required to plan the exercise. The current goal is to participate in 1-2 emergency management committee meetings per 21 hospitals and LEPC meetings at the county level for planning and engagement. The MHPC budget has already used >50% of travel budget on mileage and state meetings.

Number 5: Armbands – During the exercise, evaluators, facilitators, and observers were not easily identified. It was identified that there needs to be a method to separate them from the players and to increase security. Armbands will allow all to identify who should be there. A regional partner utilized orange

reflective arm bands for non-staff exercise evaluators and observers. This was effective. They are also easier to wear than vests.

Budget:

Gaps	Items	Unit Price	Qty	Total
1	Adult Inflatable Manikins	\$70.00	40	\$2,800.00
2	Pediatric Inflatable Manikins	\$48.00	20	\$960.00
3	Manikin Pumps	\$20.00	6	\$120.00
4	Travel			\$1,000.00
5	Armbands	\$20.00	40	\$800.00
		Project Total		\$5,680.00

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Immediate SMAT Resupply Needs

Activity: The purpose of this project will be to replace supplies that have been removed from the deployable cache because they have expired, or are aging. Only the most critical supplies are being earmarked for replacement, and only to a level needed to maintain an immediately deployable status. Critical items were determined to be any items that must be immediately on hand for patient care, or important supplies that have or will have a zero quantity on hand in the next 3-5months. Quantities to order were determined by reviewing the amount of items that have or will expire, as well as the current amount on hand, and then estimating how many would be needed for all primary stock locations for 24 hours plus approximately 25%. These supplies will also be ordered through the Carolinas Healthcare System Materials Management Distribution Center with the intention of being able to rotate them in the future instead of allowing them to expire, and then be replaced.

Capability: Medical Surge (Cap 10), Function 3, E1.

Gaps: During 2014 the MHPC has implanted a new process for reviewing inventory and rotating supplies. This has allowed us to clear a majority of the expired supplies from trailers, cases, and totes that would be immediately deployed in an incident. As part of this process, we have identified approximately \$20,500 worth of inventory that has expired. Additionally, another approximately \$16,500 worth of inventory will expire between now 6/31/15. These numbers also do not reflect cost for replacing supplies that do not have a cost entered for them on iCam (about 1/3 of the items). These number also do not reflect the cost of updating the supplies located in the SMSS Triwalls. The cost to fully update the SMSS Triwalls would be approximately \$19,500, but again does not reflect items with no price documented in iCam. This grant year the MHPC received \$10,000 in Warehouse/SMRS Support funding. In addition to SMRS supply needs, this funding must also be used for vehicle/asset maintenance, fuel, and other expenses for the Warehouse. Previous of years have shown a significant portion must remain available for the vehicle/asset maintenance, fuel, and miscellaneous expenses. This leaves very little funding to continue to replace expiring medical supplies.

Benchmarks:

Days	Action
Day 0	Receive Approval to Spend
Days 1-7	Submit Order to CHS DC
Days 8-14	Receive all supplies
Days 15-20	Verify inventory, enter into iCam
Days 20-30	Store items and submit for Reimbursement

Budget:

Project	Amount
Needed Supplies	\$5053.26
Shipping/Delivery Costs	\$500.00
TOTAL	\$5553.26

Req Number: 3429045 Requester: tcryan01 Phone: 704-357-8517 ext 116 Request Date: 12/1/2014 Status: C

Corporation: 107 CHS OTHER OPERATIONS Facility: CHS OTHER OPS

Cost Center: 0012270125 SUM TRAUMA SERVICE Deliver To: 107 METROLINA HEALTHCARE PREPAREDNESS

Approval Path: Supply

Default Project: None selected

Add Lines Item Qty Enter Total Cost: \$5053,2648 Lines: 14 of 14 Price Avail P.

Line	Item No	Description	Vend Catg	Order Qty	OOQ	UM	Status	Cost	Ext Cost
1	269726	AIRWAY SUPRALARYNGEAL SZ 3 SM ADULT DISP w/SUCTION ** Project required - value missing **	KLTS403	0.50	0.0	CA	OPEN	\$361.8300	\$180.9150
2	229795	INTRODUCER ENDOTRACH 15FR 70cm CVD TUBE BOUGIE ** Project required - value missing **	792-9-0212-70	1.00	0.0	BX	OPEN	\$49.9000	\$49.9000
3	291758	ADHESIVE SKIN TOPICAL ADVANCED DERMABOND ** Project required - value missing **	DNX12	1.00	0.0	BX	OPEN	\$217.0800	\$217.0800
4	6701	ELECTRODE ECG ROUND ADULT FOAM RADIOTRANSLUCENT ** Project required - value missing **	2009110-050R	2.00	0.0	CA	OPEN	\$66.0000	\$132.0000
5	Non-Catalog	DP Electrode Pads, Adult ** Project required - value missing **	989803158211	15.00	0.0	EA	OPEN	\$21.0000	\$315.0000
6	301195	PAD HEARTSTREAM PED PLUS AED ** Project required - value missing **	M3870A	10.00	0.0	BX	OPEN	\$63.9600	\$639.6000
7	Non-Catalog	Pads, Defib, Pediatric, Infant Plus, MRX ** Project required - value missing **	M3717A	10.00	0.0	EA	OPEN	\$26.0000	\$260.0000
8	Non-Catalog	STRIP BLOOD GLUCOCOSE CONTOUR ** Project required - value missing **		30.00	0.0	EA	OPEN	\$25.0000	\$750.0000
9	285912	SYRINGE FLUSH IV PREFILLED NS 10ml FILL IN 12ml CAPACITY 1ml INCREMENTS LATEX-FREE PRESERVATIVE FREE STERILE ** Project required - value missing **	81-570128A	7.00	0.0	CA	OPEN	\$42.7900	\$299.5300
10	Non-Catalog	Epinephrine, Auto Injector, 0.3mg ** Project required - value missing **		12.00	0.0	EA	OPEN	\$125.0000	\$1500.0000
11	296276	TRAY FOLEY 16FR ADVANCED w/URINE METER + STATLOCK ** Project required - value missing **	303416A	2.00	0.0	CA	OPEN	\$225.5000	\$451.0000
12	300814	FLUID STERILE WATER INJ 250ml BOTTLE ** Project required - value missing **	159002	4.00	0.0	CA	OPEN	\$40.6800	\$162.7200
13	4469	FLUID IRR NACL 0.9% 250ml ** Project required - value missing **	613822	48.00	0.0	EA	OPEN	\$0.8800	\$42.2400
14	4470	FLUID IRR NACL 0.9% 500ml ** Project required - value missing **	613803	48.00	0.0	EA	OPEN	\$1.1100	\$53.2800

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MP2 Telemetry System Completion

Activity: The Metrolina Healthcare Preparedness Coalition (MHPC) houses one of two Philips MP2 Telemetry Systems within the North Carolina State Medical Response System (SMRS). During FY 2013-2014 the MHPC, with approval, initiated a project to divide our current 24-bed Telemetry System into two 12-Bed Systems. This has allowed for easier deployment, as well as being able to deploy the system to multiple partners or locations at one time. It has also allowed one system to be deployed while maintaining mission readiness with the second system. To complete this project it has been identified that the MHPC is need of an additional MP2 Unit, as well as additional and back-up cable bundles to ensure continuous operation of the system. The resource is available to all coalition and state partners in addition to being a significant SMRS resource. Since being divided into two separate systems parts of this resource have already been deployed to Haywood Regional Medical Center after a facility fire, Cabarrus EMS for race support, and CMC-NorthEast to assist with facility upgrades. The resource is available to all coalition and state partners in addition to being a significant SMRS resource.

Capability: Medical Surge (Capability 10), Function 3, E1 and E2.

Gaps: The following 3 Gaps were identified during an internal MHPC Inventory, and when trying to set-up the two separate Telemetry Systems:

Number 1: Need 1 MP2 Units - The MHPC currently has 29 MP2 Units with 24 as part of the Telemetry System, 3 assigned to MSU #1, and 2 assigned to MSU #2. Currently MP2 #24 serves double duty as part of the second Telemetry System, and as a monitor for MSU #2. If the second Telemetry System is deployed, then MSU #2 will not be as functional as might be needed. If MSU #2 is deployed with 3 MP2s then the second Telemetry System would be incomplete.

Number 2: Missing/Incomplete Cable Bundles – It has been discovered that the MHPC only has enough Cable Bundles (ECG, NIBP, and SpO2 Cables) to operationalize 21 of its 29 MP2 Units. This leaves the second Telemetry System non-deployable, or deployable with limited capacity if the cables from both MSUs were utilized. However, this would impact the capabilities of the MSUs. A total of 8 Cable Bundles are needed to fully operationalize the second Telemetry System.

Number 3: No Replacement Cable Bundles – As evidenced by Gap Number 3, the MHPC does not have a replacement cache of Cable Bundles. The MHPC has identified a need for at least 15 Cables Bundles, or enough to replace half of the operational units. This would be sufficient to be able to maintain at least one Telemetry System and one MUS in service at all times in the event multiple cables were lost or damaged.

Benchmarks:

#	Task	Assigned To	Start	End	Dur	2014	2015	
						Dec	Jan	Feb
	MP2 Completion Project		12/15/14	2/20/15	67			
1	Receive Project Approval	NC OEMS/HPP	12/15/14	12/16/14	1			
2	Initiate Purchase Process	Travis Cryan	12/16/14	12/23/14	7			
3	Receive Items	Travis Cryan	12/23/14	2/6/15	45			
4	Enter into iCam	Travis Cryan	2/6/15	2/13/15	7			
5	Place into Operation or Store	Travis Cryan	2/13/15	2/20/15	7			
6	Submit for Reimbursement	Derrell Clark	2/6/15	2/20/15	14			

Budget:

Gaps	Items	Unit Price	Qty	Total
1	MP2 Monitor Package	\$8,065.00	1	\$8,065.00
2	Cable Bundles (To replace missing)	\$505.00	8	\$4,040.00
3	Cable Bundles (To create spare cache)	\$505.00	15	\$7,575.00
		Project Total		\$19,680.00

**North Carolina Healthcare Preparedness, Response, and Recovery Program
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FY14-15 Carryover Project Submission**

MHPC SMAT Training Support Part I (FY14-15)

Activity: The ability of the Metrolina SMAT to mobilize personnel and resources requires constant planning, education, training, and support. This includes providing personnel with activities to practice skills and test equipment in a non-disaster environment. During FY14-15 the Metrolina SMAT has been extended an opportunity to participate in the Cabarrus Co EMS/SMAT III response to the May NASCAR Races, primary in logistics support role. In 2016 partners in the Metrolina Region will participate in a Full-Scale NDMS Exercise to test their ability to function as a Reception Center for disaster patients. For the 2013 WNC NDMS Exercise, the MHPC and Metrolina SMAT were incorporated into the planning and response, and this would be an expansion on the previous event. These missions mirror the current SMRS missions in terms planning, personnel, and logistics issues. This project would assist with the execution of training, a tabletop, and drill during the first 5 months of 2015 leading into the May Races in Cabarrus Co and other local and SMRS partner. This will help address gap found during the 2011 Metrolina SMAT Exercise and 2013 Metrolina NDMS Response. Both events have AAR/IPs with outstanding items. The Training, Tabletop, and Drills would feed into additional planning, education, and training during FY 15-16 leading into the 2016 WNC NDMS Exercise. This planning and response process will serve as an excellent coalition development and collaboration opportunity. Additionally, other regions and teams will be invited to participate. Planning will follow the HSEEP model for a multi-year process. Draft objectives are:

1. The Metrolina HPC staff will roster team members via ServNC for a mission.
2. The Metrolina SMAT will utilize the Metrolina SMAT Load Plans.
3. Metrolina SMAT team and partners will establish a two to three tent aid station based on local partner request.
4. The Metrolina SMAT Logistics Team will establish and test the Metrolina SMAT Oxygen Delivery system.
5. The Metrolina SMAT Logistics Team will establish and test the Metrolina SMAT Water Filtration System.
6. The Metrolina SMAT Communications/ IT Team will establish and utilize the deployable Metrolina SMAT Communications and Information Technology Infrastructure.

Activities to meet these objectives would include:

Training Sessions	Four sessions will cover advanced tent set-up, the H2O Filtration System, the O2 Delivery System, and the Communications/IT. <ul style="list-style-type: none"> • Sessions will last 4 to 6 hours, and will be coordinated with Cabarrus Co EMS/SMAT III and other partners.
Tabletop	This will be conducted to ensure all necessary plans are up to date and gaps have been filled prior to participating in the Race Event. This will include at minimum: <ul style="list-style-type: none"> • Request and deployment process • Packing lists and load plans • Integration with and support of local partners

Drill	<p>The May Race Events run from May 15th-24th. During the planning process MHPC and Cabarrus Co will establish the days necessary for Metrolina SMAT support.</p> <ul style="list-style-type: none"> • The anticipated number of days is 5. • The anticipated activity will be to load, deploy, set-up, maintain, demobilize, and unload the following: <ul style="list-style-type: none"> ○ 1 to 2 I-20 Western Shelters ○ 1 to 2 Medical Support Units ○ Communication Package ○ O2 Delivery System ○ H2O Filtration System • Assets will be tracked through iCams, and personnel through ServNC.
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Capability:

- Cap 1- Healthcare System Preparedness
- Cap 6- Information Sharing
- Cap 10- Medical Surge
- Cap 15 – Volunteer Management

Gaps: The AAR/IP for each exercise have been previously submitted, and are available upon request. Highlights of the identified gaps include:

1. Logistics
 - a. Poorly defined Load Plans and Packing Lists
 - b. Difficulty connecting tents.
 - c. Need for tent crew leaders who can efficiently erect a Western Shelter, even when members of the tent crew are new.
2. Communications:
 - a. “Communications Package” contents are poorly defined.
 - b. Equipment gaps were identified and filled, but have not been tested.
3. Limited opportunities to provide SMAT members with engagement and training activities related to the mission they are asked to fulfill has caused decreasing numbers.

Benchmarks: General Timeline of process. No dates scheduled at this point.

#	Task	Assigned To	Start	End	Dur	2015				
						Jan	Feb	Mar	Apr	May
	Metrolina SMAT Training Support Part I (FY14-15)		1/10/15	5/23/15	95					
1	Initial Planning		1/10/15	1/31/15	15					
2	Mid Planning		2/7/15	2/28/15	15					
3	Individual Training Sessions		3/1/15	4/2/15	23					
3.1	Tent Training		3/1/15	3/10/15	6					
3.2	O2 Training		3/9/15	3/17/15	6					
3.3	H2O Training		3/17/15	3/25/15	6					
3.4	Comms Training		3/25/15	4/2/15	6					
4	Final Planning		4/3/15	4/17/15	10					
5	Tabletop		4/18/15	5/2/15	10					
6	Logistics Pack Deployment Drill		5/3/15	5/23/15	15					

Budget:

Training Sessions		
Meals	Snack: 2 to 4 Sessions x 30 participants x \$4.50	\$540
Deployment Drill		
Meals	Snack: 5 Days x 30 participants x \$4.50	\$675
Incidentals	Vehicle and Generator Fuel, and supply replacement	\$1,000
Total Request		\$2,215

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FY14-15 Carryover Project Submission

Information Sharing Expansion

Activity: Develop collaborative information sharing with Triad and SERAC

- Collaborative Website
 - The MHPC has developed an information sharing website, Facebook page, and Twitter account. The project would develop similar sites for Triad and SERAC. The opening Splash page would list all the sites. Within the site, each layout and pages would be the same. The content would change based upon the region.
- Information Sharing Packets
 - The MHPC has developed Information Sharing packets to provide to regional partners. This includes information regarding the mission, capabilities, and benefits of the coalition. Triad and SERAC would like to develop similar packets. The layout would be the same. The colors would change to the logo color of the two other regions and the content would be specific to those regions. Digital versions of the packets would be developed and housed on the website. Additionally, MHPC would like to print additional information packets.

Capability: Capability 6 Information Sharing Function 1

Gaps:

There is a critical need to share information amongst partners in emergency preparedness and response. This includes sharing planning information, current news, and education. The MHPC website is used for the sharing of this information and can be activated to share critical incident information real time. In addition, it is the resource for many regional initiatives like the exercise series and hospital decontamination initiatives. Triad and SERAC currently have websites, but they do not have the capability of the MHPC site. With the vision of a unified State Medical Response System, standardization of visual and content flow would ease the maintenance of the site and increase understanding of the services provided. The MHPC website received numerous large updates over the last year. A few gaps have been identified to make the site more usable. Two examples include a better designed resources page and a secure page with unique logons allowing more secure information to be uploaded safely.

The Healthcare Coalitions must ensure regional partners understand their capabilities and purpose. Currently, there is confusion regarding the role of the coalitions. There is frequent turnover amongst regional partners. As the Coalitions become more developed, the partnerships are spreading to other ESF #* entities like long term care and community health centers who have limited emergency preparedness knowledge. These factors require continual education regarding the Coalition mission. The Information Brochure offers concrete information that can be utilized to obtain acceptance and participation. Maintaining visual and content similarity to the MHPC packet will allow for more standardization across the SMRS. The MHPC had 300 packets printed for FY 13. This

has been inadequate due to the large region and the addition of long term care partners to the region.

Budget:

Gaps	Items	Unit Price	Qty	Total
1	SERAC/ Triad Website-MHPC Update	\$6,000.00	1	\$6,000.00
2	Triad/ SERAC Information Packets	\$6,500.00		\$6,500.00
3	MHPC Information Packets	\$7.50	300	\$2,250.00
		Project Total		\$14,750.00