

Mississippi State Department of Health
Office of Emergency Planning and Response

Mississippi

Emergency Support
Function 8 Healthcare
Coalition (MEHC)



Partner and Resource Guide

Mississippi Emergency Support Function 8
Healthcare Coalition (MEHC)
Partner and Resource Guide



Mississippi State Department of Health
Office of Emergency Planning and Response

March 2024

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Mississippi Healthcare Coalition





MPO J. McWhorter
Operations Section

John J. McWhorter
Operations Section
FEMA
Aug 2011

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The Mississippi ESF-8 Healthcare Coalition



Mississippi ESF-8 Healthcare Coalition

Connecting ESF-8 agencies and partners through an effective statewide Healthcare Coalition

Mission:

To reduce the burden of illness, injury, and loss of life in the event of an emergency or disaster through coordination and communication regarding emergency preparedness, mitigation, response, and recovery.

Coalition Summary

Mississippi ESF-8 Healthcare Coalition (MEHC)

The primary purpose of the Mississippi ESF-8 Healthcare Coalition (MEHC) is to facilitate two-way communications and information sharing between state-level partners in order to identify any unmet needs and to propagate a current, accurate, common operating picture during emergency responses. The MEHC membership is comprised of state agencies, state associations, the military and others. The MEHC is activated whenever the MSDH Public Health Command Center is activated during an emergency response or when preempting a potential threat (i.e., Ebola) that impacts public health and medical services. During such events, the MEHC conducts a 15 +/- minute conference

The MEHC serves to connect public health and medical services (ESF-8) agencies and partners through an effective statewide Healthcare Coalition. Members of the MEHC are top tier decision-makers for all-hazard management within their organization.

■ **Role of the MEHC:**

- Promote understanding of every healthcare coalition (HCC) member's specific roles and responsibilities in the health care delivery system's emergency response.
- Enhance preparedness by sharing information regarding plans, resources, education, and processes
- Support response by facilitating communication regarding evolving events (situational awareness) and enable feedback from local and regional partners
- Participate in education and setting priorities for resource gaps and mitigation strategies
- Complete emergency operations and continuity of operations plans and exercises and coordinate with the MEHC for technical assistance

Coalition Summary cont'd



■ Benefits of MEHC Membership:

- Building Relationships
- Improved Communications, Information Sharing & Establishing a Common Operating Picture
- Technical Assistance for Planning and Response and in Meeting Regulatory Requirements
- Resources to Support Activities and Benefits of Membership
- Resources from HPP Funding
- Vehicle for Seeking Support Outside of HPP Funding
- Cost Sharing and Purchase Power (Supporting uniform equipment and education statewide.)

Concept of Operations



ORGANIZATIONAL STRUCTURE

Mississippi ESF 8 Healthcare Coalition (MEHC) Leadership Council

The MEHC Leadership Council guides the MEHC partners to aid in communications, information sharing, and resource allocation before, during, and after an event or disaster. This council consists of two director-level personnel from each of the following four primary sectors:

Emergency Management:

- Mississippi Civil Defense Emergency Management Association (MCDEMA)
- Mississippi Emergency Management Agency (MEMA)

Emergency Medical Services (EMS):

- Mississippians for EMS
- Mississippi State Department of Health (MSDH), Bureau of EMS

Hospitals and Healthcare:

- Mississippi Hospital Association (MHA)
- MSDH Health Facility Planning
- Long Term Care Association (s)
- Palliative Care Association

Public Health:

- Mississippi Public Health Association (MPHA)
- MSDH Office of Emergency Planning and Response

Access and Functional Needs:

- Mississippi Emergency Management Agency (MEMA)
-Disability Integration Advisor (DIA)
- Mississippi State Department of Health (MSDH)
-Planner/At-Risk Coordinator

Concept of Operations cont'd

The MEHC Leadership Council has developed a strategic plan that will:

- Promote healthcare delivery systems resilience in the aftermath of emergencies.
- Enhance preparedness by sharing information regarding plans, resources, education, and processes.
- Strengthen communication between Mississippi Emergency Support Function (ESF) 8 Healthcare Coalition (MEHC) members and associations.
- Support associations and their partners on the local and statewide level.

■ Emergency Management

The Governor of Mississippi has established state law that all emergency responses be coordinated through the local emergency manager and supported by the Mississippi Emergency Management Agency (MEMA). To increase responsiveness and efficiency, The Mississippi State Department of Health Office of Emergency Planning and Response has created the MEHC. The MEHC, with its state and local level membership, provides support and coordination efforts to ESF 8 on the local and state levels as well as to MEMA, local emergency managers, and the entire healthcare system of Mississippi.

■ MEHC

The MEHC serves as a Multi-Agency Coordination Coalition whose partners participate in information-sharing to create a single, comprehensive operating picture for those involved in preparedness, response, and/or recovery activities (see Attachment B) as related to ESF 8. The MEHC has two levels of members; the Agencies, Associations and Organizations (AAO) and the local members that they represent. The AAO communicate regularly with the local members to filter information through the MEHC to ensure the greatest possible reach before, during and after an emergency.

The MEHC also provides a method for its partners and stakeholders to make known any “unmet needs” which allows the State to anticipate requests from the local emergency manager, enabling State ESF 8 to identify where these resources can be secured, and deliver the resources to individuals who initiated the request in a timely manner. In many cases, this process reduces the total time required to locate and deliver resource(s) to the response area after the county emergency manager has officially made the request. These processes help to create more resilient community.

Concept of Operations cont'd



■ Partner Support Network (PSN)

The MEHC PSN is a network of businesses and organizations that typically have resources on hand that are useful during an emergency response and/or recovery. These organizations have a relationship with MEHC members and are willing to be contacted whenever additional resources are needed. During an emergency, ESF 8 partners (e.g. hospitals, nursing homes, etc.) may exhaust local resources which can limit the services they can provide their community. The MEHC may be tasked with helping to find ways to replenish these resources through the PSN.

OPERATIONS

■ Activation

Activation of the Mississippi Emergency Support Function (ESF) 8 Healthcare Coalition (MEHC) takes place when the Mississippi State Department of Health (MSDH) Public Health Command/Coordination Center (PHCC) is activated. The Incident Commander may request that the MEHC provide a MEHC Public Health Command/Coordination Center (PHCC) Liaison (MPL) if the need arises, which will be designated as the MEHC Director unless otherwise designated. Also, any member of the Leadership Council may request activation of the MEHC with the consensus of a 2/3 majority of the Leadership Council absent of activation of the PHCC.

Concept of Operations cont'd

If activated in support of the PHCC, the OEPR Mississippi Emergency Healthcare Coalition (MEHC) Director will assume the role of MPL and notify activation of the Mississippi Hospital Association-F (MHA) to conduct sub-grantee services, which include notifying the MEHC Leadership Council of the activation and provide the Leadership Council with necessary information (i.e., level of PHCC activation, etc.).

Upon activation, Mississippi Hospital Association-F (MHA) will begin conducting sub-grantee services, which include sending an electronic invitation to the MEHC Agencies, Associations, and Organizations (AAO) members and the MSDH OEPR leadership for a MEHC conference (see Figure 1). Each MEHC Agency, Association, and Organization partner should have a primary liaison assigned to the MEHC with a minimum of two alternates.

The following will be addressed in the email invitation:

- Name of the event or response.
- Date and time of the conference call (typically 2:00 p.m. CST).
- The conference call line and/or virtual platform information and participant identification number (see Attachment H).
- Any Essential Elements of Information (EEI) or specific information that might be requested from local, regional, or state members on the call.
- Information on the subject matter expert (SME) and/or other presenters, if applicable.



MEHC Communication

Figure 1: MEHC Email Invitation (Example)

SUBJECT: MEHC Ops Conference Call – Possible Severe Weather

Phone #: 1-877-123-4567 PIN#: 891011

Zoom link: insert relevant link

Start: Wednesday 01/06/2022 02:00 p.m. CST

We will conduct a brief MEHC Ops Conference Call tomorrow at 02:00 p.m. CST. This call will update partners on issues related to potential severe weather entering our state, answer pertinent questions, and receive reports of any unmet needs within our ESF 8 community.

Facilitating the Mississippi ESF 8 Healthcare Coalition Conference Call or Virtual Forum

The Mississippi Emergency Support Function (ESF) 8 Healthcare Coalition (MEHC) Public Health Command/Coordination Center (PHCC) Liaison (MPL) is responsible for coordination in conjunction and execution of sub-grant activity with MHA upon activation:

- Send a reminder email, one hour before the call, to the subject matter experts (SMEs) and/or other presenters confirming their participation in the MEHC conference call. Request SMEs to immediately email any documents to the MEHC partners that may be needed for the presentation.
- If in-person activation is deemed necessary, versus virtual platform, the MPL designee will arrive at the call location thirty minutes before the call and gain access to the conference room and test the conference call line and equipment. Participants may call in and check to confirm the MUTE and UNMUTE features are operational. Bring necessary office equipment, such as a personal laptop, and the checklist (if in-person activation versus virtual platform -see Attachment C).
- Dial into the conference call line as the MODERATOR at least 10 minutes before the call is scheduled to begin.
- Prepare an audio recording device, e.g., a recording of Zoom Platform, to record the entire call so the minute's report can be completed accurately.
- Immediate actions and assessments to be performed in case of disruptions to a physical location or if deemed appropriate, a virtual platform will be utilized.

MHA-F, upon activation by the MPL, is responsible for emailing the MEHC Conference Call Agenda (see Figure 2) and the MEHC Conference Call Minutes using the approved format (see Attachment E) to all MEHC partners, ESF 8 Leadership, ESF 8 Planning Section and the HCC Director no later than 1:00 PM CST on the day of the call. (This will vary based on the state emergency management timeframe requirement to have situational report items to the Mississippi Emergency Management Agency Planning Section.)

Note: The MEHC Partner Support Network does not receive invitations, participate in the MEHC calls, or receive copies of the meeting minutes.

MEHC Communication cont'd

Figure 2: MEHC Conference Call Agenda (Example)

MSDH Office of Emergency Planning and Response – MEHC	
Mississippi River Flooding 2021 Event	
Wednesday, December 6, 2021, 2:00p.m. CST	
CONFERENCE CALL AGENDA	
Welcome, Request Participation Confirmation Email	MHA-F (sub-grantee)
Situation/Event Update	ESF 8 Leadership or MPL Representative
Questions, Answers, Discussion	MPL
Request for Known Emergency Unmet Needs	MPL
Determine the status of EEIs	at discretion of MSDH OEPR Director

During disaster response, communication is very often an early casualty and because of uncontrolled circumstances, there will be facilities that are unable to communicate with the Mississippi Emergency Support Function (ESF) 8 Healthcare Coalition (MEHC) through normal communication channels. In those cases, the MEHC Public Health Command/Coordination (PHCC) Liaison (MPL) will compile a list of facilities that are incommunicado to be provided to Medcom who will attempt to individually contact these facilities and reestablish communications. A list of facilities that are unreachable through Medcom's array of communications methods will be returned to the MPL who will work with the ESF 8 Operations Section to take appropriate steps to communicate with the facility, i.e., deployment of Forward Assessment Strike Teams (FAST) or Rapid Needs Assessment (RNA) Teams, and communication equipment, as needed.

Because communications are one of the hardest functions to maintain and one of the most critical; it is necessary to have redundant methods of communication in place for use during a disaster response. In the MEHC communication tree, there are two steps of communication, one between the PHCC and the Agencies, Associations, and Organizations (AAO) and the other between the AAO and local facilities/members. If the connection between the AAO and a local facility is broken, the facility should use redundant communications as specified in their Emergency Operations Plan to directly communicate with the PHCC regarding unmet needs and information sharing. If the connection between the Public Health Command/Coordination Center and the Agencies, Associations, and Organizations (AAO) is broken, MEHC AAO liaisons may be issued a Mississippi Wireless Information Network (MSWIN) radio from the MSDH MSWIN radio cache.

MEHC Roles and Responsibilities

The Mississippi State Department of Health, Healthcare Coalition (HCC) Director

Compliance

The Office of Emergency Planning and Response (OEPR) HCC Director stays informed of all changes and updates on HCC compliance with all governing bodies that set standards for and govern HCCs, which includes the United States Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response and the Centers for Medicare and Medicaid.

Establish and Operationalize the Mississippi Emergency Support Function 8 Healthcare Coalition (MEHC)

■ **Key HCC priorities include coordinating with members for:**

- Strategic Regional Planning with the State Medical Response System (SMRS).
- Operational planning and response through state-level work with the District Public Health and MEHC Emergency Preparedness team members.
- Information sharing through MEHC calls or virtual forums and meeting minutes.
- Resource request management by identifying unmet needs during emergency response.

Operating, Maintaining, and Improving the MEHC:

The OEPR HCC Director, using the guidance of the MEHC Leadership Council, will coordinate activities and objectives outlined in the concept of operations section contained in this document including the MEHC and Partner Support Network.

The MEHC will conduct an annual meeting with MEHC Agencies, Associations, and Organizations (AAO) members to discuss prioritization processes and what their proposed activities, reporting methods, and completion processes should be.

The MEHC will provide quarterly informational memos to communicate with members about upcoming training, events, and needs that have been identified from member input.

The Regional MEHC Planners will submit a quarterly report that lists the three key issues listed by sector that need to be addressed. This report will be submitted to the OEPR HCC Director to be included in the quarterly informational memos.

MEHC Roles and Responsibilities cont'd

Building the Mississippi Emergency Support Function (ESF) 8 Healthcare Coalition (MEHC), Partner Support Network (PSN), Statewide Partnerships, and Increasing Membership

The success of the MEHC is dependent on building and maintaining productive working relationships with existing and prospective MEHC partners. Each year, MEHC partners receive invitations to attend MEHC update meetings to:

- Build and strengthen partnerships.
- Discuss best practices and areas for improvement.
- Information on the activities and accomplishments of the previous twelve months.
- Receive information and updates on improvements made to the MEHC.
- Review and update partner roles and responsibilities outlined in the State
- Review and update partner roles and responsibilities outlined in the State Comprehensive Emergency Operations Plan and the MEHC Annex to the Public Health Command/Coordination Center Concept of Operations Plan.



Another priority is the building and sustaining of the PSN, comprised of businesses, community and faith-based organizations, and others, to support the MEHC partners that serve Mississippi ESF 8 partners.

In coordination with the Office of Emergency Planning and Response Healthcare Coalition Director, the Mississippi State Department of Health District Public Health Emergency Preparedness teams supports the local and district planning efforts. District MEHC Planners, Emergency Preparedness Nurses, and Emergency Response Coordinators work daily to support local healthcare facilities to meet their preparedness goals by participating in the development of Hazard Vulnerability Assessments and Emergency Operations Plans, as well as providing subject matter expertise. They also build and maintain relationships with all sectors of the healthcare coalition including the 82 county and tribal emergency managers, the Mississippi Emergency Management Agency (MEMA), the MEMA Area Coordinators, as well as emergency medical services and public health.

MEHC Roles and Responsibilities cont'd

The goal of building these partnerships can be accomplished by:

- Participating in networking opportunities with MEHC partners, ESF 8 partners and vendors, and others during conferences, meetings, and training.
- Conducting appointments with MEHC partners and ESF 8 partners and vendors to learn more about their needs and present the MEHC and the PSN as a potential solution to some of the challenges.
- Promoting attendance of the annual ESF 8/MEHC meeting to discuss their needs and possible solutions, provide networking opportunities, and new information and processes to improve information sharing.
- Presenting to groups interested in supporting the formation of a more resilient Mississippi through preparedness, response, and recovery activities.

■ **Mississippi Emergency Support Function (ESF) 8 Healthcare Coalition (MEHC) Leadership Council**

Provide for the governance of the MEHC.

- Develop and maintain strategic plans.
- Develop and maintain the mission statement.
- Develop and maintain the MEHC Annex (with COOP).
- Conduct the MEHC meetings.
- Approve the yearly prioritization and recommendations for training.
- Approve resource procurement prioritization recommendations.
- Review virtual hotwash and after-action reports at the end of responses.
- Coordinate yearly Medical Response & Surge Exercise (MRSE).
- Maintain a list of essential records and forms, including electronic copies by each council member.



MEHC Roles and Responsibilities cont'd

■ **The Mississippi State Department of Health, Office of Emergency Planning and Response Healthcare Coalition Director**

- Produce quarterly information memorandums.
- Conduct mobilization and demobilization planning and implementation.
- Acts as MEHC liaison to the PHCC.
- Present the MEHC's 204 for inclusion in the Mississippi State Department of Health Incident Action Plan (IAP).
- Conducts virtual hotwash and after-action reports at end of responses.
- Support yearly MRSE.
- Support MEHC Meetings.
- Participate in Hospital Preparedness Program (HPP) sub-grant deliverable development.
- Training and resource prioritization.



■ **MEHC PHCC Liaison**

- Participate in the function of the Public Health Command/Coordination Center during response.
- Coordinate communications with and manage “unmet need” requests from facilities.
- Produce the Mississippi Emergency Support Function (ESF) 8 Healthcare Coalition’s (MEHC) 204 for inclusion in the Mississippi State Department of Health Incident Action Plan.

MEHC Roles and Responsibilities cont'd

■ MEHC Agencies, Associations and Organizations Partners

When the MEHC is activated, partners are invited to participate in periodic virtual or conference calls. Each member organization can:

- Have one or more participants on the conference call.
- Listen for information to improve situational awareness.
- Ask questions, participate in discussions, and/or request additional information for improving their efforts and those of their stakeholders.
- Report any unmet needs or surplus resources, to the MEHC. Conversations may be conducted with the Healthcare Coalition Director after the call, when necessary to discuss confidential matters.
- Distribute the MEHC call minutes (see Attachment F) and any additional information to local members and relevant stakeholders in their sector. Information could include, but is not limited to, weather predictions from the National Oceanic and Atmospheric Administration, flood predictions and charts from the U.S. Corps of Engineers, and facility evacuations from the Mississippi State Department of Health Department of Licensure and Certification and/or the Mississippi Emergency Management Agency.
- Participate in the annual MEHC Meeting.
- Build new partnerships with agencies, associations, businesses, community, and faith-based organizations that will be engaged in future emergency preparedness, response, and recovery activities.



■ MEHC Spreadsheet Information

Entries in the MEHC member spreadsheet are updated by the Mississippi Hospital Association -F in conjunction through a subgrant and under the direction and guidance of the Healthcare Coalition Director after every email invitation to the MEHC partnership based on non-deliverable emails and information from member organizations regarding changes that need to be made to the spreadsheet.

MEHC Roles and Responsibilities cont'd

Below is a list of the column headings for the Mississippi Emergency Support Function (ESF) 8 Healthcare Coalition (MEHC) partner's contact information maintained in the MEHC spreadsheet:

- Group/Agency/Organization.
- Primary Points of Contact.
- Primary Points of Contact (PPOC) email.
- PPOC business and mobile phone numbers.
- The Last date updated.
- Comments.

■ **Recommendations for Allocation of Scarce Resources**

It is during the information sharing process, that the MEHC partners discuss and make recommendations for the allocation of scarce resources to maximize their impact on the response and recovery efforts for the community. These recommendations, as well as other information, assist Mississippi in the decision-making process of the best allocation of these resources and other decisions related to all aspects of response and recovery activities. In addition, the recommendations establish a collaborative coordination structure that helps identify gaps and develop new plans to mitigate these gaps in future events.

■ **MEHC Partner Support Network (PSN)**

Once a medical facility's resources such as food, water, medical, volunteers, communications, shelter, and utilities, have been exhausted, their leadership will typically reach out to the emergency manager and others in their community to meet these needs. In most incidents, these local partners can provide additional resources until supplies are replenished.

In a regional, statewide, or multi-state emergency response, like Hurricane Katrina, most agencies, businesses, and organizations, as well as the general population, can become desperate for immediate life-sustaining resources.

MEHC Roles and Responsibilities cont'd

In a catastrophic event, state and local resources can be depleted quickly and, it may be an extended period before local communities receive assistance from the Federal Emergency Management Agency. It is in these times of immediate need, where lives are at stake, that Mississippi businesses, community, faith-based organizations, and others may be able to meet the outstanding resource needs of ESF 8 State and local partners and the community. As a result, the MEHC PSN is continually being expanded.

The MEHC PSN provides businesses, community and faith-based organizations, and others with an opportunity, in an organized way, to help support their local communities that have been impacted by a catastrophic disaster that exhausts local resources. The Partner Support Network (PSN) will support emergency preparedness, response, and recovery by providing available resources, at their discretion. The Mississippi State Department of Health (MSDH) Office of Emergency Planning and Response (OEPR) supports the PSN by providing opportunities for information sharing, building existing and new partnerships, and participating in the planning, exercising, and training of AAOs to help create a more resilient Mississippi community.

■ **Fulfilling Unmet Needs**

During an emergency response, local healthcare facilities should at a minimum follow procedure outlined in their Emergency Operations Plan (EOP), County Emergency Management Plan (CEMP), and the Mississippi CEMP for guidance on activities and procedures. Many of these unmet need requests will be channeled through the Mississippi Emergency Support Function (ESF) 8 Healthcare Coalition's (MEHC) procedures. Simultaneously, facilities with requests for emergency unmet needs of support and/or resources should contact the Public Health Command/Coordination Center directly at 601.576.8085. The MEHC Public Health Coordination/Command Center Liaison (MPL), in coordination with the ESF 8 command staff, will begin working to fulfill requests and expedite the official request process at the Mississippi Emergency Management Agency to include disruptions to mission-critical systems such as electricity, water, and medical gases.

■ **MEHC Annex (w COOP) Review and Maintenance**

At a minimum, the MEHC Leadership Council will coordinate an annual review of this Annex with all support agencies. Additional reviews may be conducted if experience or regulatory changes indicate an immediate need. Recommended changes will be submitted through the MSDH OEPR Healthcare Coalition Director for inclusion in the next update of the Annex.



We offer state healthcare workers training and resources to help

MEHC facilities improve...

- Medical surge capacity.
- Community resilience.
- Disaster readiness and response during public health emergencies.

Mississippi Hospital Association
116 Woodgreen Crossing
Madison, MS 39110

Tel: 601.982.3251



Healthcare
Preparedness
Program

ATTACHMENTS

- Attachment A: Acronyms
- Attachment B: List of Mississippi Emergency Support Function (ESF) 8 Healthcare Coalition (MEHC) Member Organizations
- Attachment C: MEHC Partner Support Network (PSN) Target Sectors
- Attachment D: MEHC Conference Call Checklist
- Attachment E: MEHC Communications Flow Chart
- Attachment F: MEHC Conference Call Minutes Example
- Attachment G: Public Health Region Map
- Attachment H: Important Contacts and Phone Numbers
- Attachment I: Mississippi Emergency Managers Contact Information



Resources



Emergency Support Functions (ESFs)

as defined by National Response Framework Guidelines

ESF 1	Transportation
ESF 2	Communication
ESF 3	Public works and engineering
ESF 4	Firefighting
ESF 5	Emergency management
ESF 6	Mass care, housing, human services
ESF 7	Resource support
ESF 8	Public health and medical services
ESF 9	Urban search and rescue
ESF 10	Oil and hazmat response
ESF 11	Agriculture and natural resources
ESF 12	Energy
ESF 13	Public safety and security
ESF 14	Long-term recovery
ESF 15	External affairs
ESF 16	Military Support

Public Health Capabilities

The Centers for Disease Control and Prevention (CDC)'s National Standards for State and Local Planning provide a description of domains needed for achieving public health preparedness. This description serves as a planning resource that public health preparedness staff uses to assess their jurisdictional preparedness. There are six total capabilities, and their descriptions are as follows:

Domain/ Strategy	Health Care Preparedness and Response Capabilities	Public Health Preparedness Capabilities
Strengthen Community Resilience	<p>Capability 1: Foundation for Health Care and Medical Readiness Objective 1: Establish a Health Care Coalition (HCC) Objective 2: Identify Risks and Needs Objective 3: Develop an HCC Preparedness Plan Objective 4: Train and Prepare the Health Care and Medical Workforce Objective 5: Ensure Preparedness is Sustainable</p>	<p>Capability 1: Community Prepared Capability 2: Community Recovery</p>
Strengthen Incident Management	<p>Capability 1: Foundation for Health Care and Medical Readiness Objective 4: Train and Prepare the Health Care and Medical Workforce</p> <p>Capability 2: Health Care and Medical Response Coordination Objective 1: Develop and Coordinate Health Care Organization and HCC Response Plans Objective 3: Coordinate Response Strategy, Resources and Communication</p> <p>Capability 3: Continuity of Health Care Services Delivery Objective 2: Plan for Continuity of Operations Objective 7: Coordinate Health Care System Recovery</p>	<p>Capability 3: Emergency Operation Coordination</p>
Strengthen Information Management	<p>Capability 2: Health Care and Medical Response Coordination Objective 2: Utilize Information, Sharing Procedures Objective 3: Coordinate Response Strategy, Resources, and Communications</p>	<p>Capability 4: Emergency Public Information and Warning Capability 6: Information Sharing</p>
Strengthen Countermeasures & Mitigation	<p>Capability 1: Foundation for Health Care and Medical Readiness Objective 2: Identify Risks and Needs Capability 3: Continuity of Health Care Services Delivery Objective 3: Maintain Access to Non-Personnel Resources during an Emergency Objective 5: Protect Responder Safety and Health</p>	<p>Capability 8: Medical Countermeasure Dispensing Capability 9: Medical Material Management and Distribution Capability 11: Non-Pharmaceutical Interventions Capability 14: Responder Safety and Health</p>
Strengthen Surge Management	<p>Capability 3: Continuity of Health Care Services Delivery Objective 6: Plan for and Coordinate Health Evacuation and Relocation Plans</p> <p>Capability 4: Medical Surge Objective 1: Plan for a Medical Surge Objective 2: Respond to a Medical Surge</p>	<p>Capability 5: Fatality Management Capability 7: Mass Care Capability 10: Medical Surge Capability 15: Volunteer Management</p>
Strengthen Bio surveillance		<p>Capability 12: Public Health Laboratory Testing Capability 13: Public Health Surveillance and Epidemiological Investigation</p>

Preparedness Actions

On the federal level, Congress has approved funding for public health preparedness through state health departments to plan and prepare for any type of disaster that might occur.

What is the Mississippi State Department of Health doing to be prepared?

This book is designed to give the reader an overview of all of the activities and programs that have been established to help Mississippi be prepared, including core public health areas such as epidemiology, public health lab, and environmental health, which play a vital role in emergency response planning. Mississippi ESF-8 planning works toward securing the capability and resources to respond to any hazard. A common acronym used in emergency preparedness planning is CBRNE. CBRNE stands for:

C — **Chemical**
B — **Biological**
R — **Radiological**
N — **Nuclear**
E — **Explosives**



Preparedness Actions cont'd

Mississippi ESF-8 planning includes developing capabilities and resources according to the National Planning Scenarios located in the National Response Framework. These scenarios depict a diverse set of high-consequence threats with both natural disasters and potential terrorist attacks. The scenarios develop the basis for a coordinated federal planning, training and exercise program. The scenarios are listed below:

Scenario	All Hazards Event	Example
1	Nuclear Detonation	10-Kiloton Improvised Nuclear Device
2	Biological Attack	Aerosol Anthrax
3	Biological Disease Outbreak	Pandemic Influenza
4	Biological Attack	Plague
5	Chemical Attack	Blister Agent
6.	Chemical Attack	Toxic Industrial Agents
7	Chemical Attack	Nerve Agent
8	Chemical Attack	Chlorine Tank Explosion
9	Natural Disaster	Major Earthquake
10	Natural Disaster	Major Hurricane
11	Radiological Attack	Radiological Dispersal Devices
12	Explosives Attack	Bombing Using Improvised Explosive Devices
13	Biological Attack	Foreign Animal Diseases (Foot and Mouth Disease)
14	Cyber Attack	Cyber Attack

State-Level Healthcare Coalition

The State-Level Healthcare Coalition is an interdisciplinary group of leaders from diverse state agencies, state associations, and others who come together to plan and collaborate on joint efforts that will enable sustainability during and after an all-hazards event. These state-level partners are members of the Mississippi ESF-8 Healthcare Coalition (MEHC) leadership council. Their roles are to aid in decision-making on MEHC activities that help facilitate two-way communications and information sharing between state-level partners to identify any unmet needs and to propagate a current, accurate, common operating picture during emergency responses. The State-Level Healthcare Coalition membership is comprised of leaders from state agencies, state associations, and others.

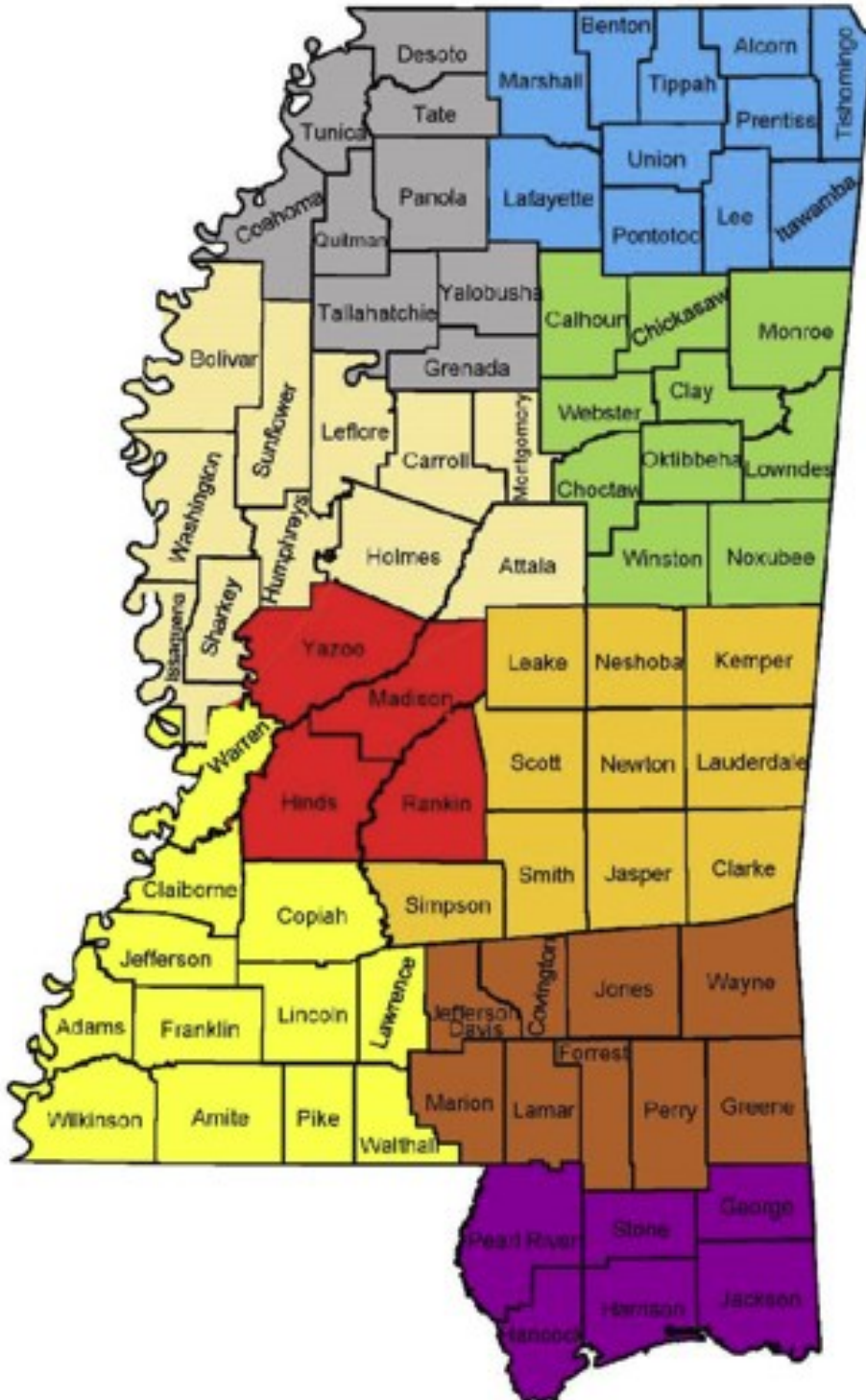


Benefits of Membership in the State-Level Healthcare Coalition:

- Building Relationships
- Improved Communications, Information Sharing & Establishing a Common Operating Picture
- Technical Assistance for Planning and Response and in Meeting Regulatory Requirements
- Resources to Support Activities and Benefits of Membership
- Resources from HPP Funding
- Vehicle for Seeking Funding Outside of HPP Funding
- Cost Sharing and Purchase Power (Supporting uniform equipment and education statewide.)

District Planning Coalitions cont'd

■ Map of Mississippi District Planning Coalition



District Planning Coalitions cont'd


Mississippi District Planning Coalition Contact Information

North Public Health District I 
MEHC Emergency Planner
Anna Claire McBride
 510 Hwy 51 S, Batesville, MS 38606
 769.209.3754(Cell)
 Email: Anna.McBride@msdh.ms.gov

North Public Health District II 
MEHC Emergency Planner
Quena Mills
 532 South Church Street, Tupelo MS 38802
 769.209.3703 (Cell); 662.432.5036 (O)
 Email: Quena.Mills1@msdh.ms.gov

Central Public Health District III 
MEHC Emergency Planner; EOP Coordinator
Burton "Burt" Schmitz
 P.O. Box 87 North, Carrollton MS 38947
 769.209.7368 (Cell); 662.237.9225 (O)
 Email: Burton.Schmitz@msdh.ms.gov

North Public Health District IV 
MEHC Emergency Planner
Amy Billingsley
 801 North Lehmberg, Columbus, MS 39702
 769.209.5768 (Cell); 662.370.1337 (O)
 Email: Amy.Billingsley@msdh.ms.gov

Central Public Health District V 
MEHC Emergency Planner
Fabrizio Salazar
 5224 Vally Street, POB 5464, Meridian, MS 39302
 601.218.5910 (Cell); 601.482.3171(O)
 Email: Byron.Salazar1@msdh.ms.gov

Central Public Health District VI 
MEHC Emergency Planner
Terry Hopkins
 15776 Highway 15, Decatur MS 39327
 769.209.7366 (Cell); 601.635.2337 (O)
 Email: Terry.Hopkins@msdh.ms.gov

South Public Health District VII 
MEHC Emergency Planner
Amanda Aldridge
 1000 Irene Street, Liberty, MS 39645
 769.209.7016 (Cell); 601.657.8351(O)
 Email: Amanda.Aldridge@msdh.ms.gov

South Public Health District VIII 
MEHC Emergency Planner
Kim Blackwell
 166 Ratliff St, Lucedale MS 39452
 769.209.2972 (Cell); 601.947.4217 (O)
 Email: Kimberly.Blackwell@msdh.ms.gov

South Public Health District IX 
MEHC Emergency Planner
Brad Williams
 1141 Bayview Avenue, Suite 102, Biloxi MS 39530
 769.209.5683 (Cell); 228.436.6770 (O)
 Email: Brad.Williams@msdh.ms.gov

Christy Craft Berry
 OEPR Director
 601.953.4325 (Cell)

Sharon "Dawn" McMinn
 OEPP Chief Nurse
 662.392.4732 (Cell)

Marshall Horn
 OEPP Director
 601.933.6864 (O)
 662.229.6041 (Cell)

Matthew "Matt" Head
 Interim OEPP Emergency
 Response Coordination
 Director
 601.213.7376 (Cell)

Toni Richardson
 MEHC HPP Director
 769.209.5221 (Cell)

Kandace Smith
 OEPP Planning Director
 601.933.7644 (O)
 662.417.4691 (C)

Lauren Dawson
 Interim OEPP Finance and
 Administration Director
 601.933.6866 (O)

Charles "Chase" Harrison
 Interim OEPP Logistics
 Director
 601.906.3233 (Cell)

Mobile State Assets



Strategic National Stockpile

The mission of the Strategic National Stockpile (SNS) is to deliver critical medical assets to the site of a public health emergency severe enough to cause local supplies to run out. This is necessary since an act of terrorism or a large scale natural disaster targeting the U.S. population will require rapid access to large quantities of pharmaceuticals and medical supplies. Therefore a national stockpile has been created as a resource for all.



During a national emergency, state, local and private stocks of medical materiel will be depleted quickly. The SNS is designed to supplement and resupply state and local public health agencies in the event of a national emergency anywhere and anytime within the U.S. or its territories.

The SNS program has established minimum standards for facilities serving as receipt, store and stage (RSS) sites and requires states to coordinate with local jurisdictions and Cities Readiness Initiative (CRI) area planners to develop distribution strategies for medical countermeasures.

Hurricane Katrina remains the third deadliest hurricane in the U.S., marking a defining moment in emergency response history with unprecedented numbers

of federal resources being deployed to disaster areas. It was during this event that Mississippi requested the SNS 12-hour Push Package (PPG), and to date is the only state to ever receive and distribute those assets during a disaster. Other than the nationwide Push Package to all states and territories during the 2009 H1N1 influenza outbreak, this real-world test of response capabilities was invaluable in the maturation of the state emergency management processes and SNS operations.

Mississippi continues to maintain and build on its current level of readiness to receive, manage and distribute SNS materiel.



Epidemiology

The Office of Epidemiology conducts surveillance and investigates occurrences of reportable diseases and outbreaks in Mississippi. Through routine surveillance, and the implementation of active surveillance as needed, the Office of Epidemiology identifies diseases and conditions of public health concern, investigates to determine the causes and modes of transmission, and puts in place public health control measures to limit the impact and transmission of the disease or outbreak. In the event that prophylaxis is necessary through vaccine or antibiotic, appropriate preventive countermeasures are obtained and distributed.

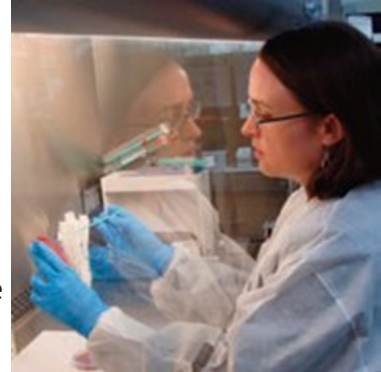


The Office of Epidemiology works closely with the local epidemiology and emergency preparedness staff to direct surveillance and investigation activities. Epidemiology also works closely with healthcare providers in the state to provide expert consultation of disease incidence, provide laboratory support through the Public Health Laboratory, and communicate with providers in the event of a statewide or local incident of public health concern. Epidemiology also works closely to collaborate with other offices with the MSDH and with federal partners.

In 2009, the Office of Epidemiology implemented Epi-Tracks, an electronic disease investigation and reporting system. Users of this system can share disease case and investigation information in real time and can edit and review disease cases electronically. This system can receive electronic laboratory reports and online reports. Stakeholders are able to report diseases and conditions electronically and receive electronic laboratory reports.

Public Health Laboratory

The Dr. F.E. “Ed” Thompson, Jr. State Public Health Laboratory currently has a 64-member staff that performs approximately 125 tests on more than 400,000 specimens a year of blood and body fluids collected from patients, as well as on drinking water and food. The lab provides results that help assess the health of newborns and mothers, and confirm outbreaks of sexually-transmitted diseases, influenza, tuberculosis, vaccine-preventable diseases, West Nile virus, foodborne illness and rabies.



The facility is also a first responder for terrorism events, being a Level 2 chemical terrorist response laboratory, and the state’s only Laboratory Response Network (LRN) reference laboratory for biological threats. The lab also tests all of the state’s drinking water, raw milk, and dairy products for bacterial and chemical agents.

Chemical, radiological and biological agents causing or having the potential to cause widespread illness or death are rapidly detected and accurately identified by the public health laboratory through collaboration with other federal, state and local laboratories. The public health laboratory, working in close partnership with public health epidemiology, environmental health, law enforcement, agriculture and veterinary officials, hospitals, and other appropriate agencies, produces timely and accurate data to support ongoing public health investigations and the implementation of preventive or curative countermeasures.

Contact

Mississippi Public Health Laboratory
570 East Woodrow Wilson
Jackson, MS 39216
(601) 576-7582
(601) 576-7720 (fax)
(601) 576-7400 After hours/emergency

State Medical Needs Shelter

The National Response Framework (NRF) and the Comprehensive Emergency Management Plan (CEMP) task ESF-8 to assist ESF-6 with sheltering individuals with state medical needs. A special medical needs shelter is also known as a “Functional Needs Shelter for the Medically Fragile.” The MSDH Office of Emergency Planning and Response (OEPR) is responsible for operating state and regional shelters for the medically fragile. MSDH has trained teams, which are MSDH employees, ready to respond in any event.

A State Medical Needs Shelter (SMNS) is a shelter of last resort during emergency conditions for persons requiring limited medical and nursing oversight who cannot be accommodated in a general population shelter.



State Medical needs shelter in Wiggins

A SMNS is designed to care for people with medical needs including:

- People with minor health or medical conditions that require professional observation, assessment and maintenance who cannot be served by the congregate shelter staff or that exceed the capability of the congregate shelter;
- People with chronic conditions who require assistance with activities of daily living or more skilled nursing care but do not require hospitalization;
- People who need medications or vital sign readings who are unable to receive such services without professional assistance;

State Medical Needs Shelter cont'd

- People with physical or cognitive disabilities including those that require the assistance of service animals; and
- People with other disabilities who cannot be sheltered at a general population shelter.
- The MSDH has a Memorandum of Agreement with several colleges to provide facilities for SMNS shelters. MSDH collaborates with several state agencies including the University of Mississippi Medical Center, the Mississippi Department of Mental Health, and the Mississippi Board of Animal Health to provide support services for the shelters, including telehealth, mental health services, and pet sheltering.

Need training?



Email tjones@mhanet.org

Mississippi Mortuary Response Team

The **Mississippi Mortuary Response Team (MMRT)** was established to address the reality that, in the event of a catastrophic event or public health crisis, local mortuary resources and services may be damaged or unavailable.

The teams are comprised of mortuary science practitioners and technicians, mental health providers, logisticians, administration assistants and other specialists.

The MMRT is equipped and trained to provide support and assistance to local authorities with recovery and storage of deceased individuals. Each team has a fully equipped trailer that has the capability of processing 100 individuals.



In 2015, the MMRT became the first mortuary medical reserve corps in the country.



Health Alert Network

The **Health Alert Network (HAN)** ensures that each community has rapid and timely access to emergent health information. The HAN functions as the Public Health Information Network's Health Alert component. This includes collaborating with federal, state and city/county partners to develop protocols and stakeholder relationships that will ensure a robust interoperable platform for the rapid exchange of public health information.



The CDC and state-level HAN is a nationwide project that links public health agencies at the local, state and federal levels to other organizations critical for preparedness and response via continuous, high-speed connection to the Internet, broadcast communications, satellite and web-based information distribution, and organizational infrastructure for defense against bioterrorism and health threats. MSDH is able to issue public health notices to hospitals, clinics, doctors, media and emergency services using fax, email, voice and other electronic communication methods 24/7/365..

To register for HAN, click [HERE](#).

To register for MS-HAN, click [HERE](#).



Mississippi Trauma Care System Foundation

Mississippi Trauma Care System Foundation, Inc., a non-profit corporation. MTCSF objectives are to lessen and minimize the trauma system's cost burden and develop and administer a uniform, non-segmented, inclusive statewide trauma care system. The MTCSF provides leadership and administrative services to promote and improve organizational efficiency, strengthen information and data reporting, collection, analysis, and compliance across the trauma care system. The foundation sponsors trauma education and training at various levels of the trauma care system. Our staff engages trauma care system participants to facilitate quality assurance and performance improvement within trauma care facilities.

Our work supports the Mississippi Trauma Care System through educational opportunities, trauma center readiness, improving patient outcomes, injury prevention & public awareness.

MTCSF collaborates with the MHA Healthcare Preparedness Program and is a participating partner in the Mississippi ESF-8 Healthcare Coalition. Participating in the Mississippi ESF-8 Healthcare Coalition meetings, the trauma foundation represents the interests of mass casualty events and resource utilization related to the Mississippi Trauma Care System.

Trauma Center Designation Levels

Level I facilities are tertiary care facilities located at the hub of the state's geographic regions. These facilities contribute substantially to statewide trauma system planning, provide trauma education, carry out trauma research and offer trauma prevention programs.

Level II facilities are acute care facilities with the commitment, resources, and specialties to provide sophisticated trauma care.

Level III facilities are acute care facilities with the commitment, resources, and specialties to provide initial resuscitation of trauma patients and immediate operative interventions to control bleeding and assure maximal stabilization before referral to a higher level of care facility.

Level IV facilities are generally licensed, small, rural hospitals committed to resuscitating and transferring trauma patients as appropriate to higher-level facilities.

MTCSF supports four Level I, three Level II, sixteen Level III, and sixty-two Level IV hospitals as well as a burn center. MTCSF also is a resource for about one-hundred ambulance services.

[Connect with Us to Learn More](#)

[WWW. MS Trauma Foundation.org](http://WWW.MS Trauma Foundation.org)



The MTCSF provides Management Services for the Mississippi State Department of Health, Bureau of Acute Care Systems.

John O. Gardner, Director of Trauma Systems, Mississippi Trauma Care System Foundation, Inc.

jgardner@mhanet.org

601.368.3325 (O) : 601.573.5841 (C)

MS Office of Homeland Security's Citizen CORPS Council

Citizen Corps is a nationwide grass roots movement to actively involve everyone in America in making our communities and our nation safer, stronger, and better prepared for emergencies of all kinds. We all have a role in hometown security and Citizen Corps provides local opportunities for everyone to prepare, train, and volunteer.

Citizen Corps is a means through which volunteers can become trained and educated so that they can help their neighbors during times of crisis as well as keep themselves safe.

The Citizen Corps Program is comprised of five different but equally important programs:

(1) Community Emergency Response Teams (CERT), (2) Neighborhood Watch, (3) Volunteers in Police Service, (4) Fire Corps and (5) Medical Reserve Corps

The mission of Citizen Corps is to harness the power of every individual through education, training, and volunteer service to make communities safer, stronger, and better prepared to respond to threats of terrorism, crime, public health issues, and disasters of all kinds." The Citizen Corps mission is accomplished through a national network of state, local, and tribal Citizen Corps Councils. These Councils build on community strengths to implement the Citizen Corps programs and will carry out a local strategy to have every American participate.

Local Citizen Corps Councils will:

- **promote and strengthen the Citizen Corps programs at the community level, such as Volunteers in Police Service programs, CERT teams, Medical Reserve Corps units, and Neighborhood Watch groups;**
- **provide opportunities for special skills and interests;**
- **develop targeted outreach for the community, including special needs groups;**
- **provide opportunities of training in first aid and emergency preparedness;**
- **organize special projects and community events;**
- **encourage cooperation and collaboration among community leaders; and**
- **capture smart practices and report accomplishments; and**
- **create opportunities for all residents to participate.**

Everyone can do something to help make our families and our communities safer through personal responsibility and volunteer service. Personal responsibility is developing a household preparedness plan and disaster supplies kits, observing home health and safety practices, implementing disaster mitigation measures, and participating in crime prevention and reporting. Volunteer service is the process of engaging individuals in volunteer activities that support first responders, disaster relief groups, and community safety organizations. Everyone can do something to support local law enforcement, fire, emergency medical services, community public health efforts, and the four stages of emergency management: prevention, mitigation, response and recovery efforts.



Programs



HPP Capabilities and Summaries

The **Healthcare Preparedness Program (HPP)** is a premier training and resource outlet for healthcare workers in Mississippi. The program was created to improve medical surge capacity, community resilience and disaster readiness and response during public health emergencies.

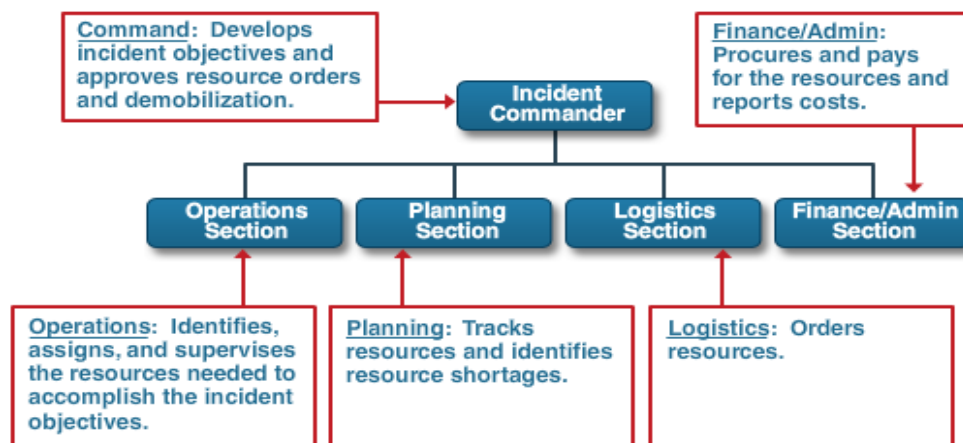
Since the programs' inception in 2002, over 500 trainings and certification opportunities have been extended to healthcare workers, statewide; equipment and supplies have been purchased for medical facilities; and collaborative partnerships have been made with local, state, federal and tribal organizations in both public and private sectors.

HPP is funded through an Administration for Strategic Preparedness and Response (ASPR) grant CFDA#93.074 to the Mississippi State Department of Health (MSDH) in collaboration with the Mississippi Hospital Association's Health, Education, and Research Foundation.



ICS—Incident Command System

The **Incident Command System (ICS)** is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in domestic incident management activities. It is used for a broad spectrum of emergencies, from small to complex incidents, both natural and manmade, including acts of catastrophic terrorism. ICS is used by all levels of government—Federal, State, local, and tribal, as well as by many private-sector and nongovernmental organizations. ICS is usually organized around five major functional areas: command, operations, planning, logistics, and finance and administration. A sixth functional area, Intelligence, may be established if deemed necessary by the Incident Commander, depending on the requirements of the situation at hand.



Some of the more important “transitional steps” that are necessary to apply ICS in a field incident environment include the following:

- recognizing and anticipating the requirement that organizational elements will be activated and taking the necessary steps to delegate authority as appropriate;
- establishing incident facilities as needed, strategically located, to support field operations;
- establishing the use of common terminology for organizational functional elements, position titles, facilities, and resources; and
- rapidly evolving from providing oral direction to the development of a written Incident Action Plan.

MRMS (State Healthcare Volunteer Program)

■ State Medical Response System

The State Medical Response System (SMRS) of Mississippi is a collaborative effort of response and support assets designed to aid local efforts requiring emergency patient care. The system comprises participating Mississippi hospitals and EMS providers as well as various state-level response teams to provide disaster medical care. The SMRS is a tiered response system designed to allow asset allocation to reflect the scope and scale of an incident, providing the appropriate level of support in the most efficient manner possible.



■ Forward Assessment and Scene Triage (FAST) Teams

In order to provide rapid support and scene assessment, the Forward Assessment and Scene Triage Team (FAST) concept was developed. First deployed in the 2010 tornado response, FAST teams assist local EMS and healthcare providers with field triage and support at the casualty collection point(s), as well as relay real-time information back to the MSDH for determination of additional support needed.

The teams include paramedics, nurses and other disaster response professionals. FAST teams have been deployed by helicopter and by boat as part of response efforts to support the lower Mississippi Delta in the 2011 Mississippi River event.

MRMS (State Healthcare Volunteer Program) cont'd

■ State Medical Assistance Team (SMAT)

The State Medical Response System (SMRS) has mobile field hospital capability designed to provide emergency medical care to patients. Mississippi currently has three SMAT-II units, each a 50-bed mobile hospital. One mobile field hospital unit has acute medical surge capacity, one is primarily tasked to assist with special medical needs sheltering, and one is used as a ready reserve.

The statewide State Medical Assistance Team (SMAT) is made up of physicians, registered nurses, paramedics, emergency medical technicians, licensed practical nurses, pharmacists, firefighters, laboratory specialists, mental health specialists, HAZMAT technicians, law enforcement/protection officers, logistics specialists, respiratory therapists, communications and IT specialists, environmental health specialists, and support personnel. This model provides for uniform training and the ability to draw staff from multiple locations allowing unaffected areas to provide the lion's share of manpower in an event.

Mission profiles (or tasks) for SMATs could include medical surge care, patient post-decontamination medical support, mass medical care, alternate care facilities, mass drug distribution points, and various other duties.

■ Mobile Emergency Treatment and Training System (METTS)

METTS is a dynamic trailer system designed to serve a variety of mission profiles, including patient surge augmentation for the SMAT program, a mobile simulation training center, and an advanced medical mitigation platform for large-scale incidents or high-risk events.

The addition of the METTS system provides an enhanced ability to meet both disaster surge response needs and continuing educational demands of the overall SMRS. The METTS program illustrates the continued partnership and leveraging of strengths between MSDH and UMMC to improve emergency care in the state of Mississippi through education, training and response.

POD's (Point of Dispensing)

■ Closed Point of Dispensing (CPOD) Recruitment

The Strategic National Stockpile (SNS) is a national supply of medications and medical supplies to be used for emergency situations such as a bioterrorism attack, disease outbreak, or natural disaster. Within 12 – 24 hours, the CDC can deploy a large shipment from the SNS, known as a “push pack”, anywhere in the United States or its territories, to supplement and resupply state and local health and medical resources.

State and local health agencies must have plans in place to receive shipments from the SNS and distribute their contents to the community quickly and efficiently. The use of Closed Point of Dispensing (POD) sites is just one of many dispensing methods planned to deliver medication to 100 percent of the population within 48 hours. Mississippi has plans in place to use Open (public) POD sites as well as Closed (private) POD sites to ensure that pills or vaccines can be dispensed rapidly.

Closed POD sites will play an important role in any situation where it is necessary to provide emergency medications to the entire population. Traditional medical providers, such as hospitals and medical clinics, will likely be overwhelmed during a large-scale public health emergency. Open POD sites will also be highly stressed in a situation where the entire population needs to be given medications in a short time. Closed POD sites will help relieve some of the pressure on Open POD sites by reaching portions of the population independently.

As a result, long lines and public anxiety can be reduced and resources will be used more efficiently. Closed POD sites can also help the first responder community, businesses, faith-based organizations, government agencies, etc., ensure that they and their family members are protected – and therefore able to continue working or return to work more quickly.

Currently, Mississippi has enrolled more than 669 facilities into the Closed POD program. This is equivalent to approximately 1.2 million of its 2.9 million population. The goal is to enroll as many Mississippians into the Closed POD

POD's (Point of Dispensing) cont'd

system as possible, thereby reducing lines in Open(public) POD sites.

A final advantage of Closed PODs is the ability to preplan for a disaster with multiple partners across the state. The ability to educate, plan, train and exercise will ultimately assist in reducing loss of life if Mississippi ever has to implement the Closed POD process.



Chempack

Intentional or inadvertent releases of chemicals could cause a large-scale public health emergency. In order to prepare for such an incident, Mississippi participates in the federal Chempack program. The **Chempack program** is a part of the CDC's Strategic National Stockpile program. Its mission is to forward-place a sustainable resource of nerve agent antidotes throughout the United States so that it can be rapidly available to state and local emergency responders and enhance their capability to respond quickly to a large-scale nerve agent exposure. A deliberate or accidental nerve agent/organophosphate release can occur anywhere and any major release will require large supplies of nerve agent/organophosphate antidotes.



In Mississippi, there are 13 cache site hospitals that have Chempack assets. These are strategically located resources that are available for rapid response during times of need and have been placed to maximize coverage. Because hospitals carry limited supplies of nerve agent antidotes, the Chempack program provides this much-needed resource for our state. Also, state and local governments generally have limited or no chemical/nerve agent antidote stocks, and the Chempack program provides this resource. To minimize morbidity and mortality, cache site points of contact or designees will have authority to use Chempack assets if conditions warrant, as determined by medical professionals at the Chempack site. There are two versions of the Chempack available: a Hospital Chempack and an Emergency Medical Services Chempack.



Radiological Health Program

The Division of **Radiological Health** (DRH) is responsible for responding to all emergencies involving radioactive materials. The Division maintains 24-hour radiological emergency response capabilities in the event of an incident/accident involving the release or potential release of radioactive materials. Besides responding to an actual emergency at Grand Gulf Nuclear Plant, staff responds to: transportation accidents involving radioactive materials; radiation alarms at scrap metal facilities; lost, stolen, or abandoned nuclear gauges; and the recovery of damaged nuclear devices at work locations. Additionally, DRH is responsible for responding to suspected radiological events where sources of radiation must be identified quickly in order to make protective action decisions.

The DRH is responsible for protecting the public from unnecessary radiation exposure from sources such as industry, research, educational institutions, medical treatment, healing arts, and the environment.



On July 1, 1962, the State of Mississippi entered into an agreement with the U.S. Nuclear Regulatory Commission to assume responsibility for the regulation, licensing and inspection of all radioactive materials in our state not under federal jurisdiction. There are approximately 300 radioactive material licenses active in Mississippi that are inspected by the Radioactive Materials Branch.

The Division is responsible for the registration, inspection and certification of X-ray machines. There are approximately 7,500 X-ray machines registered. The division is under contract with the Food and Drug Administration (FDA) to inspect all Mississippi mammography facilities annually. Standards for these inspections are set in part by The Mammography Quality Standards Act of 1992 (MQSA).

This branch collects and analyzes environmental samples in the vicinity of the Grand Gulf Nuclear Station and at the Salmon Test Site in Lamar County. Environmental samples including air, water, milk, soil, and vegetation are analyzed for the presence of radioactivity.

Website

Highly Infectious Disease

A pandemic is a global disease outbreak. A pandemic occurs when a novel virus emerges for which there is little or no immunity in the human population. The virus causes serious illness and easily spreads person-to-person worldwide. A pandemic is determined by the spread of disease, not its ability to cause death. There are plans for non-pharmaceutical and pharmaceutical interventions to control the spread of disease.

The Mississippi State Department of Health response to the 2009 H1N1 Influenza Pandemic and the 2020 COVID-19 Pandemic included laboratory testing, prophylactic vaccinations, medical material management and distribution, public information sharing and warning, and epidemiological surveillance and investigation.

The response was led by MSDH and was supported by a host of other partners across the state. Pandemic planning and exercises are ongoing in Mississippi under the direction of MSDH. The Mississippi Pandemic Steering Committee is a group of representatives from various agencies and organizations who meet twice a year to coordinate the state's pandemic program. Various projects, educational opportunities, and workgroups in various state agencies work to help ensure pandemic program readiness.

Such projects have included an elementary school handwashing campaign, various educational opportunities, exercises with county EMA directors, various state agencies and the Mississippi Band of Choctaw Indians.





Communications



Healthcare Incident Management System

With Juvare (formally Knowledge Center™), hospital emergency managers can coordinate and effectively manage incidents, develop future operational plans, prepare comprehensive periodic reports, track information requests, and maintain accurate records. Instead of searching for information, healthcare providers can look to Knowledge Center™ for a **consolidated view** of their critical information.



- **Patient/Triage tracking**
- **Evacuation tracking**
- **Casualty tracking**
- **Reunification**
- **Bed Availability (HAvBED)**
- **Hazard Vulnerability (HVA)**

- ⇒ Integrated Hospital Incident Command System (HICS)
- ⇒ Created for the specialized, continuous use healthcare requires
- ⇒ Unites real-time communication capabilities with critical situational awareness tools
- ⇒ Incident, Triage, Resource, Critical Infrastructure and Document management tools
- ⇒ Connects your responders keeping you aware, informed, and making a difference
- ⇒ Knowledge Center™ has the HICS forms fully integrated into the system so that as the IAP/ICP is developed (Objectives, Organization Chart, Communication, Medical) it is compiled and housed as an integrated part of the incident.

Patient Tracking

- ⇒ tracks patients from Mass Casualty Incidents based on priority
- ⇒ Color coded priority fields

Healthcare Incident Management System cont'd

- ⇒ Integrates field data from handhelds
- Allows EMS Coordination

Evacuation Tracking

- ⇒ Tracks patients for evacuation based on Priority
- ⇒ Tallies patient totals by Priority throughout the process
- ⇒ Provides the ability to upload patients from a template



Reunification

- ⇒ Store detailed patient reunification data
- ⇒ Search Triage patients for the closest match
- ⇒ Merge records when a match has been determined

Alerting In addition, HIMS provided these additional Alert notifications:

- ⇒ Incident/Event Alerts – notifies users of new incidents
- ⇒ Resource Request Alerts – notifies resource owners that their resource has been requested
- ⇒ Missing Assignment Alerts – notifies users that a mission is being requested of them
- ⇒ Action Request Alerts – notifies users that a response is requested
- ⇒ Triage Alerts – notifies users that a triage patient is being sent to their facility

Action Requests Action Requests provide the ability to poll the deployment for resource status, overall status, or ask basic questions of the user base. All data is tabulated for reporting purposes. It is also used to assess bed availability and fulfill Federal HAvBED requirements.

Mission Tasking

- ⇒ HIMS provides a Mission Tasking function that incorporates Requests, Assignments, Taskings and displays Status throughout the lifecycle. Users may create, prioritize, and set objectives for each mission.
- ⇒ HIMS tracks who created the mission and their organization, as well as the percent complete and whether or not the mission is on schedule. Each mission is linked to an event, and as resources are released and missions are closed, resource information is retained in the incident for reporting and cost recovery purposes.

Mississippi MED COM

Mississippi Med-Com is an advanced communications center providing support services to emergency response agencies, hospitals and first responders. This state-of-the-art communications center is located on the campus of UMMC and serves many functions. Med-Com is staffed 24 hours a day, seven days a week with experienced paramedics and emergency medical technicians ready to serve the needs of emergency responders and healthcare providers statewide during routine operations and in disasters.



Med-Com was designed to support the MSDH based on lessons learned from Hurricane Katrina in 2005. Initial grant funding was provided through the U.S. Health and Human Services Assistant Secretary for Preparedness and Response to purchase the communication equipment and infrastructure for the center.

Med-Com is self-supported operationally through funding provided by the University of Mississippi.

Med-Com was one of the first users of the Mississippi Wireless Information Network radio system used by state agencies and public safety groups in emergencies.

The system provides seamless interoperable emergency communication coverage throughout the state. Mississippi Med-Com works to ensure that all public health and safety providers have access, resources and support as they treat and care for patients throughout Mississippi.

Communication Drills

■ The **Mississippi Wireless Information Network (MSWIN)** is a redundant communications system with disaster recovery features that provides reliable information sharing under extreme conditions such as hurricanes, ice storms, and floods. MSWIN is the only statewide interoperable emergency communication voice and data network available for use by both state and local public safety entities. This type of system offers the ability to coordinate communications with other agencies or jurisdictions. Mutual aid/interoperability talk groups are inserted in all MSWIN subscriber radios to ensure optimum statewide interoperability. MSWIN is monitored 24 hours a day, 365 days per year to ensure that it is available at all times.



■ The **FirstNet Phone** is an iPhone with service through ATT FIRSTNET. FirstNet has a dedicated physical core. This means that FirstNet traffic does not compete for space on AT&T's commercial core. FirstNet users have their own highway and network priority 24/7. This redundant mode of communications is an easy way to call, text, access voicemail. Internet, and any emergency apps.

The Mississippi Hospital Association's Health, Education, and Research Foundation Healthcare Preparedness Program (HPP) which is funded by the MSDH ASPR grant CFDA # 93.889 facilitates FirstNet call checks each month. Each facility is advised to designate one to two representatives who will participate in FirstNet checks. Representatives should report any non-working units to HPP staff by calling (601) 368-3228. In order to know which FirstNet phones are working properly and to provide opportunities for multiple hospital staff to use their FirstNet phone in a non-emergency event, MEHC FirstNet phone operators are to participate in regularly scheduled monthly check-ins. The FirstNet checks are beneficial to both MEHC healthcare facility and staff. FirstNet phone checks also help to identify hospitals that may have equipment problems before a disaster occurs. Technical or general inquiries should be directed to HPP staff.



To receive credit for participating in FirstNet phone checks, a representative at participating facilities is to check in once a month. Monthly email reminders are sent to designated operator (s) at each facility with a FirstNet phone. Key changes, like change of staff should be reported to HPP staff at MS Hospital Association by calling 601-368-3228.

Important Contacts and Phone Numbers

Mississippi State Department of Health, Office of Emergency Planning and Response		
State Emergency Operations Center (SEOC)		
Emergency Support Function (ESF) 8	8 Desk (601) 933-6757	(601) 933-6758

Mississippi ESF 8 Healthcare Coalition (MEHC)		
Zoom meeting info will be distributed to the appropriate people		

Mississippi State Department of Health (MSDH)		
Public Health Command/Coordination Center	3 rd floor Osborne Bld	(601) 576-8085

Mississippi Emergency Management Agency:		
Field Services Bureau Director (Area Coordinator’s Supervisor)		
John Michael Sledge	(601) 832-8985	jsledge@mema.ms.gov

Unmanned Aircraft Systems (UAS)/Drone Coordinator		
Griffin Sekul	(601) 832-8546	gsekul@mema.ms.gov

MEMA Area Coordinators		
District 1— David Shaw	(769) 798-8179	dshaw@mema.ms.gov
District 2— Tracy Pharr	(601) 209-6083	tpharr@mema.ms.gov
District 3— Brent Miller	(601) 953-1306	bmiller@mema.ms.gov
District 4—		
District 5—		
District 6— Tyler Fleming	(601) 278-3570	tfleming@mema.ms.gov
District 7— Hersel Harp	(601) 507-9159	hharp@mema.ms.gov
District 8— Brian Henderson	(601)813-4471	bhenderson@mema.ms.gov
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State Contacts

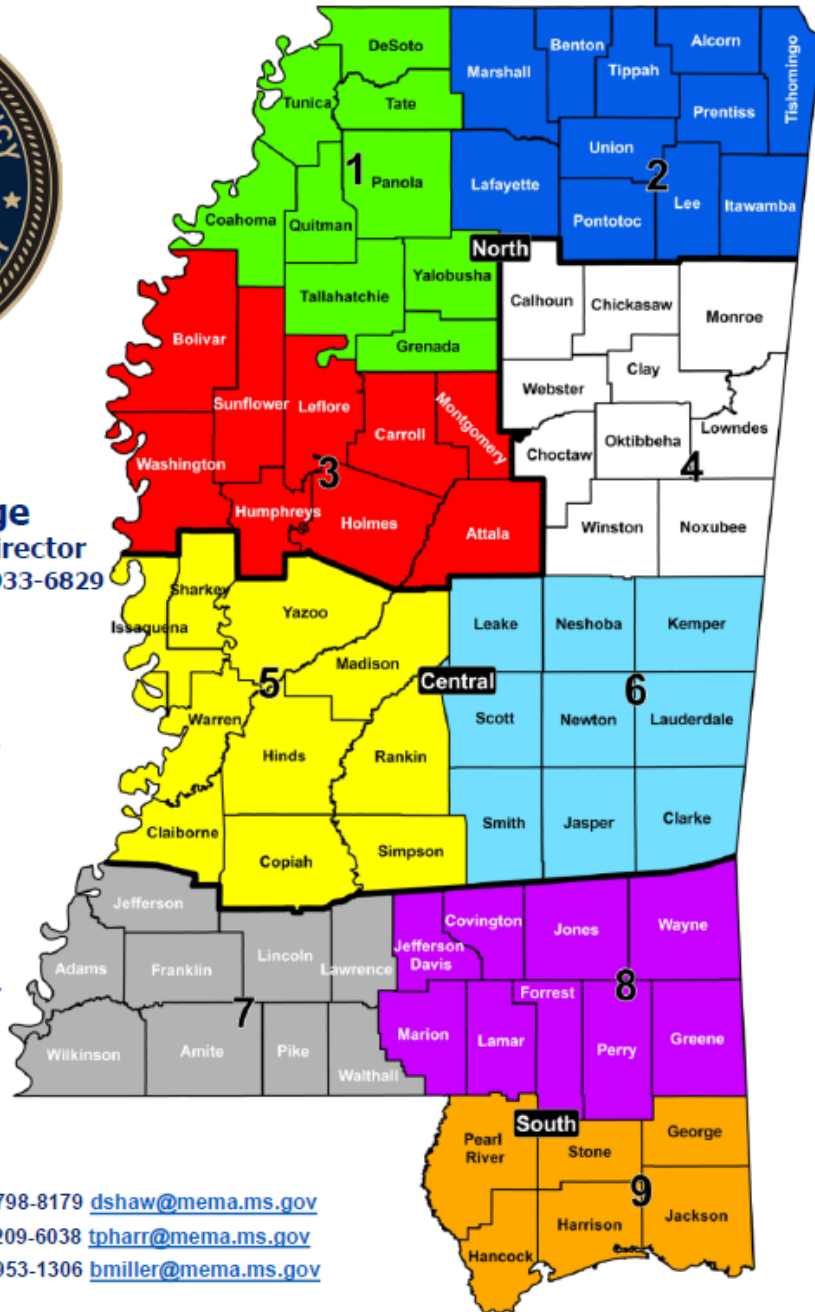


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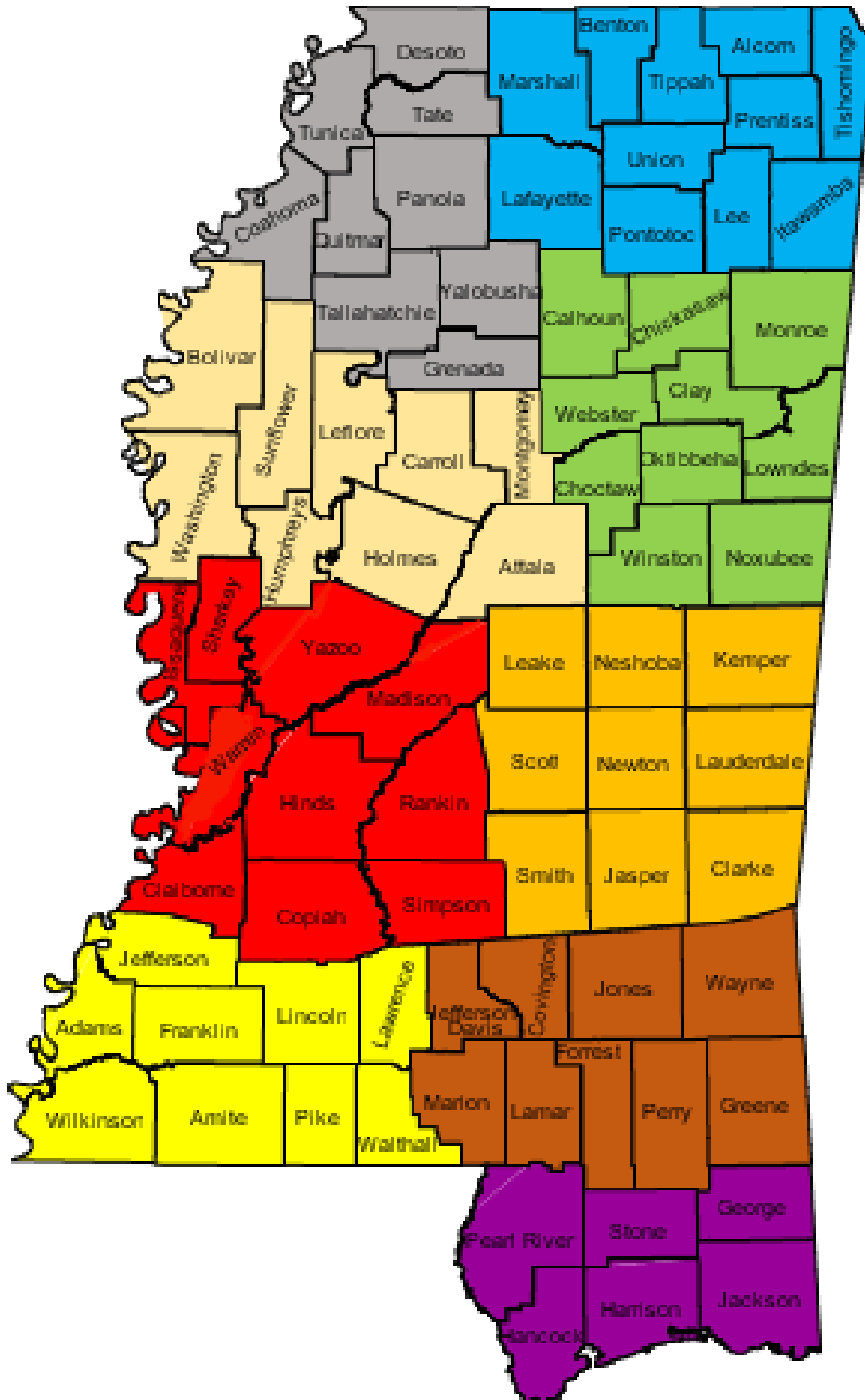
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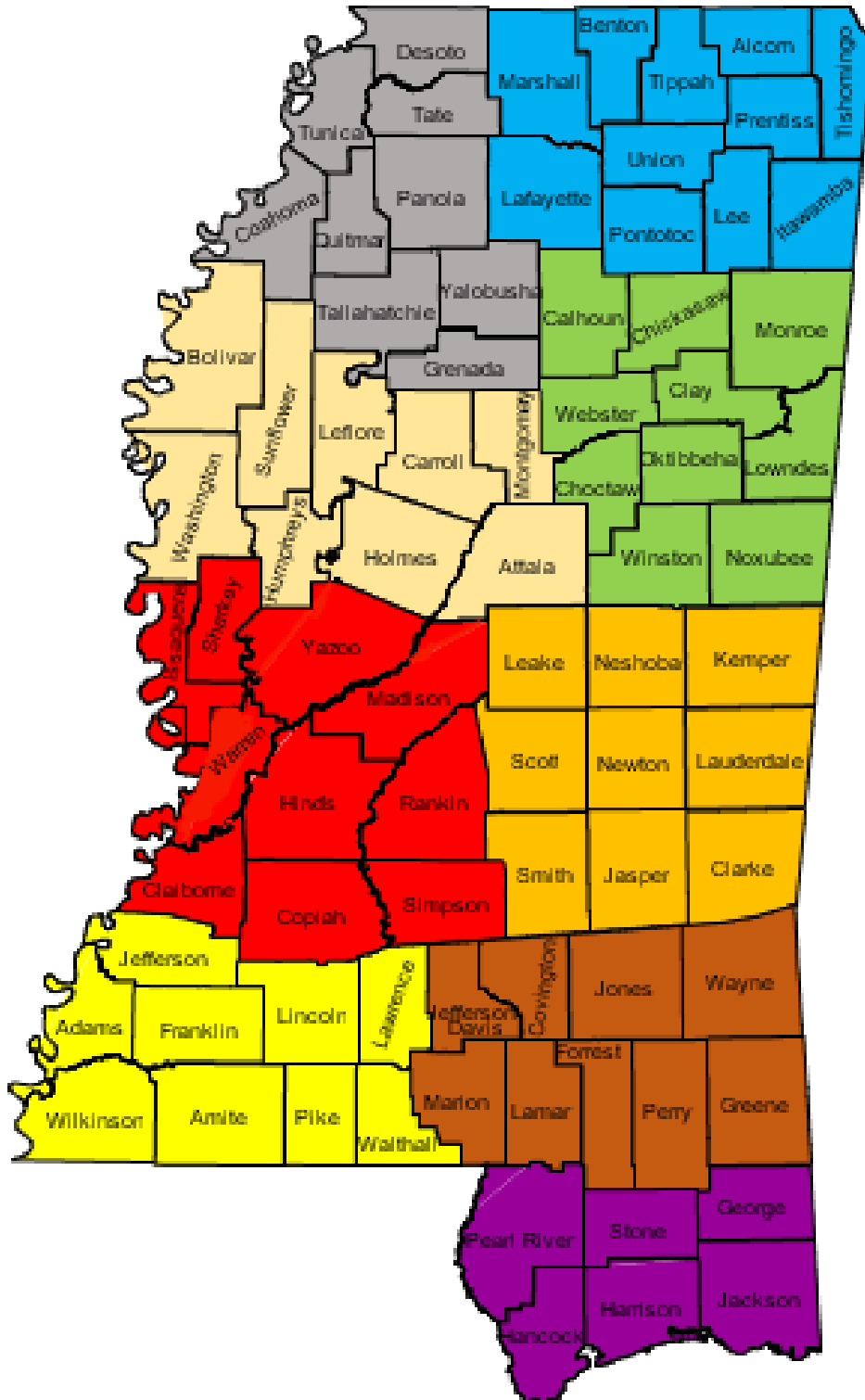
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Mississippi State Department of Health Public Health Regions

NORTHERN Public Health Region

Alcorn	DeSoto	Montgomery	Tippah
Benton	Grenada	Panola	Tishomingo
Bolivar	Itawamba	Pontotoc	Tunica
Calhoun	Lafayette	Prentiss	Union
Carroll	Lee	Quitman	Webster
Chickasaw	Leflore	Sunflower	Yalobusha
Clay	Marshall	Tallahatchie	
Coahoma	Monroe	Tate	

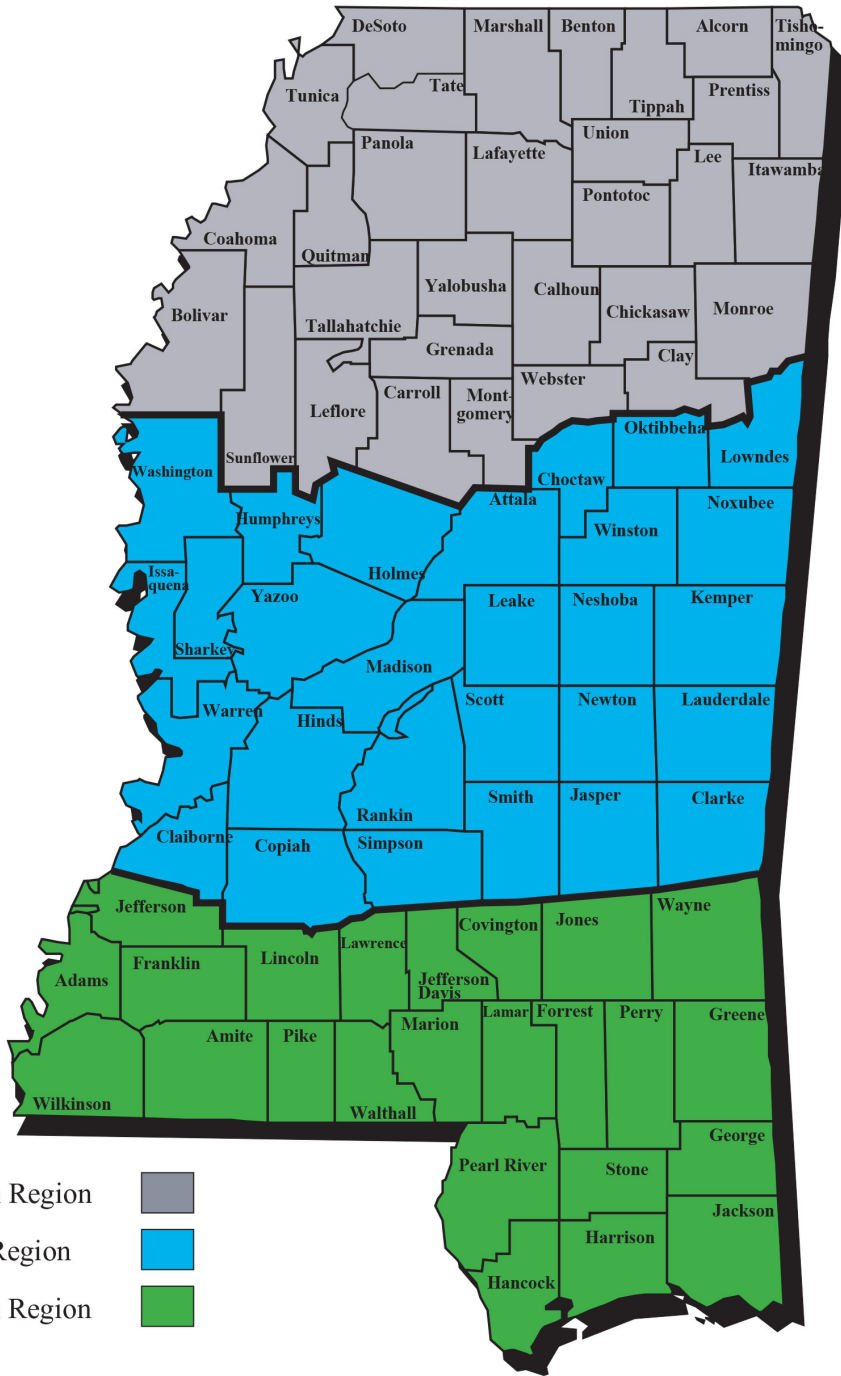
CENTRAL Public Health Region

Attala	Humphreys	Madison	Scott
Choctaw	Issaquena	Neshoba	Sharkey
Claiborne	Jasper	Newton	Smith
Clarke	Kemper	Noxubee	Warren
Copiah	Lauderdale	Oktibbeha	Washington
Hinds	Leake	Rankin	Winston
Holmes	Lowndes	Simpson	Yazoo

SOUTHERN Public Health Region

Adams	Greene	Jones	Perry
Amite	Hancock	Lamar	Pike
Covington	Harrison	Lawrence	Stone
Forrest	Jackson	Lincoln	Walthall
Franklin	Jefferson	Marion	Wayne
George	Jefferson Davis	Pearl River	Wilkinson

Mississippi State Department of Health Public Health Regions cont'd



- Northern Region
- Central Region
- Southern Region





Glossary



Acronyms

AMBUS	Ambulance Bus
ASPR	Assistant Secretary for Preparedness and Response
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosives
CDC	Centers for Disease Control and Prevention
CEMP	Comprehensive Emergency Management Plan
CONOPS	Concept of Operations Plan
CRI	Cities Readiness Initiative
DHA	District Health Administrator
DHO	District Health Officer
DHP	Director of Health Protection
DHS	Department of Homeland Security
DOC	Director of the Office of Communications
DOD	Department of Defense
DSLRL	Division of State and Local Readiness
EF	Enhanced Fujita
ELR	Electronic Laboratory Report
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPI	Epidemiology
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
ESF	Emergency Support Function

Acronyms cont'd

ERC	Emergency Response Coordinator
FBI	Federal Bureau of Investigation
FAST	Forward Assessment and Scene Triage
FEMA	Federal Emergency Management Agency
GIS	Geographic Information Systems
HAN	Health Alert Network
HAZMAT	Hazardous Materials
HHS	U.S. Department of Health and Human Services
HR	Human Resources
HSEEP	Homeland Security Exercise Evaluation Program
IAP	Incident Action Plan
IC	Incident Command(er)
ICS	Incident Command Structure
IT	Information Technology
IMT	Incident Management Team
JIC	Joint Information Center
JIS	Joint Information System
LAB	Laboratory
LNO	Liaison Officer
LRN	Laboratory Response Network
MA	Mission Assignments
MBAH	Mississippi Board of Animal Health
MDAC	Mississippi Department of Agriculture and Commerce
MDEQ	Mississippi Department of Environmental Quality

Acronyms cont'd

MDHS	Mississippi Department of Human Services
MDOT	Mississippi Department of Transportation
MEMA	Mississippi Emergency Management Agency
MEPA	Mississippi Environmental Protection Agency
MERC	Mortuary Enhanced Remains Cooling (System)
MHA	Mississippi Hospital Association
MHRT	Mississippi Health Response Team
MHz	Megahertz
MMD	Mississippi Military Department
MMRT	Mississippi Mortuary Response Team
MRC	Medical Reserve Corps
MRMS	Mississippi Responder Management System
MS	Mississippi
MSA	Metropolitan Strategic Area
MSDH	Mississippi State Department of Health
MSOHS	Mississippi Office of Homeland Security
MSWIN	Mississippi Wireless Information Network
MYTEP	Mississippi Yearly Training and Exercise Program
NGO	Non-governmental Organizations
NIMS	National Incident Management System
NMMC	North Mississippi Medical Center
NRP	National Response Plan
OEPR	Office of Emergency Planning and Response
PAN FLU	Pandemic Influenza

Acronyms cont'd

PHCC	Public Health Command/Coordination Center
PIO	Public Information Officer
POD	Points of Dispensing
PPE	Personal Protective Equipment
RNA	Rapid Needs Assessment
SEOC	State Emergency Operations Center
SERT	State Emergency Response Team
SHO	State Health Officer
SMAT	State Medical Assistance Team
SME	Subject Matter Expert
SMNS	Special Medical Needs Shelter
SMRS	State Medical Response System
SNS	Strategic National Stockpile
SO	Safety Officer
SOP	Standard Operating Procedures
TCL	Target Capabilities List
UHF	Ultra High Frequency
UMMC	University of Mississippi Medical Center
UMHC	University of Mississippi Health Care
UTL	Universal Task List
VHF	Very High Frequency



Mississippi ESF-8 Healthcare Coalition

Connecting ESF-8 agencies and partners through an effective statewide Healthcare Coalition