

# Template 5.1. Core Functions for CSC Plan Development (Within States)

## Function 1. Establishment of CSC Planning Committee

### Task 1

State public health agency is identified as the lead state agency for CSC planning and implementation.

### Task 2

State health department establishes and staffs a state-level, multidisciplinary, and transparent state disaster medical advisory committee (SDMAC) to draft the state CSC plan. During a CSC response, a smaller, technical subgroup of the SDMAC is available to serve as an operational, expert advisory body to inform and advise the state health department, state leadership, and other stakeholders on CSC plan development, implementation, and recovery issues.

Full SDMAC meets as needed. Full SDMAC CSC plan drafting group includes a broad range of stakeholders, such as:

- state health department;
- local health departments and other local government agencies;
- state emergency management agency (EMA);
- state homeland security office;
- health care (including SDMAC members if such a committee already exists, regional medical coordination centers or regional DMACs [RDMACs], health care coalitions, private practitioners, hospitals, health care systems, specialty hospitals, professional boards and associations, and emergency medical services [EMS]);
- medical examiner;
- ethics experts;
- attorneys;
- academics;
- community members;
- representatives of at-risk populations (e.g., pediatric, mental health);
- governor's office;
- National Guard;
- Department of Veterans Affairs (VA) health care facilities (if located within the state);
- Department of Defense (DOD) health care facilities (if located within the state); and
- others as applicable (including federal partners, such as Department of Health and Human Services [HHS] regional emergency coordinators [RECs])

### Task 3

SDMAC recommends to the state the CSC response structure that would work best in the state (e.g., based on existing structures,

### Notes and Resources

An SDMAC or similar committee may already exist in the state. If so, that existing committee can be adapted to conduct CSC planning, ensuring that its membership includes the appropriate range of stakeholders. After the planning phase, the SDMAC can contract to a smaller, technical subgroup that assumes operational responsibility for advising the state during CSC incidents.

strengths, and authorities of public health, emergency management, and health systems within the state).

## Function 2. Plan Drafting

### Task 1

SDMAC assesses existing CSC literature, plans, guidance, and planning efforts, including CSC efforts already occurring within the state (e.g., led by local jurisdictions or health care facilities/systems) and in neighboring jurisdictions.

### Task 2

SDMAC consults and coordinates, as applicable, with stakeholders involved in existing health care facility, local, and regional (including regional medical coordination center or RDMAC) CSC planning efforts within the state—and in neighboring states—to promote and ensure consistency in intrastate and interstate CSC planning and implementation processes. State health department (and the SDMAC, as applicable) engages with local health departments on the importance of—and their role in—CSC planning and implementation.

### Task 3

SDMAC consults and coordinates with the state health department general counsel/attorney general's office, as applicable, to conduct a CSC legal assessment by identifying and developing an inventory of applicable federal, state, and local legal authorities and regulations (and identifying areas that need strengthening) applicable to CSC, including those related to the following (see also Chapter 3):

- emergency declarations,
- sources of liability,
- liability protections,
- licensing and credentialing,
- mutual aid agreements,
- scopes of practice,
- regulation of the state's health care facilities and practitioners (including regarding care provided at alternate care sites during CSC conditions), and
- dispute resolution regarding CSC decisions.

### Task 4

Following state agency and stakeholder investment in the CSC planning process, and when the state has sufficient background to develop the plan, SDMAC drafts the state CSC plan. At all levels, the CSC plan should include the following key elements:

- ethical considerations;
- community and provider engagement, education, and communication;
- legal authority and environment;
- indicators and triggers; and
- clinical processes and operations.

### Notes and Resources

More detail is provided about each of the five key elements in the chapters indicated below:

- Ethical considerations—Chapter 4
- Community and provider engagement, education, and

Specifically, the plan should:

- establish lines of authority and clear roles and responsibilities of stakeholders (e.g., state health department, local health departments, state EMA, local EMAs, EMS, health care, federal partners);
- identify clinical and administrative triggers for activating and terminating state CSC plan components (e.g., following local health department or local EMA reports of specific indicators of health care surge, critical infrastructure disruption, failure of contingency surge capacity; following a formal declaration of emergency by the governor and activation of the state CSC plan by the state health department), and identify indicators to prompt consideration of plan activation;
- establish connectivity and uniformity, as applicable, with local, regional, interstate, and federal CSC planning efforts to ensure consistency in CSC planning and implementation;
- identify, in collaboration with state and local EMAs, communication systems for ensuring connectivity during a CSC incident;
- incorporate risk communication strategies specific to catastrophic disaster response that include coping messages;
- identify processes for coordinating and facilitating resource requests and allocations (e.g., define role of state EMA in managing requests and allocations within and across states and with federal assets);
- ensure that local and state response plans include clear provisions that permit adaptations of EMS systems under disaster response conditions, including changes in protocols, practices, and personnel;
- establish routine and crisis monitoring/reporting mechanisms for documenting and analyzing normative levels of seasonal and incident-based health care demand, resources, capacity, and staffing at local, regional, and state levels;
- acknowledge the state role in determining when public alternate care sites are needed, and provide the leadership to support their opening and operation (see Chapter 8);
- promote collaboration with federal partners (e.g., HHS/Office of the Assistant Secretary for Preparedness and Response [ASPR], HHS RECs) and consistency in scope of care for federally deployed Emergency Support Function (ESF)-8 assets (i.e., across federal teams and with the state and local entities these federal teams support);
- integrate palliative care planning and resource/knowledge assessment into planning and educational processes (see Chapter 4); and
- address the needs of at-risk populations (e.g., mental health patients including responders and their families; pediatric populations) (see Chapter 4) through specific concept of operations (CONOPS) components, and include a “responder resilience” system for all responders.

### Task 5

State health department leadership reviews the state CSC plan and collaborates with the SDMAC on revising the plan, if needed, prior to

communication—  
Chapter 9

- Legal authority and environment—  
Chapter 3
- Indicators and triggers—Chapter 7
- Clinical processes and operations—  
Chapter 7

its introduction and stakeholder/public engagement (as outlined in Function 3).

## **Function 3. Plan Introduction and Review—Stakeholder and Public Engagement**

### **Task 1**

State health department, with the support of the SDMAC, continues to engage regularly with local health departments on CSC planning. Local health departments:

- understand their role in CSC planning and response;
- understand the role of local health care stakeholders in CSC planning and response;
- understand state CSC processes;
- understand applicable federal, state, and local legal authorities and existing mutual aid agreements and processes; and
- have the opportunity to review and provide comments on the draft state CSC plan.

### **Task 2**

State health department, with the support of the SDMAC, continues to engage with health care stakeholders (including practitioners, institutions, and coalitions) on CSC planning. Health care stakeholders:

- understand their role in CSC planning and response,
- understand state and local CSC planning and response roles and processes, and
- have the opportunity to review and provide comments on the draft state CSC plan.

### **Task 3**

To engage the public (including at-risk populations), state health department, with support of the SDMAC (see Chapter 9):

- determines when to conduct, and which agency or agencies will assume responsibility for coordinating and conducting, public engagement activities (i.e., state health department or local health departments);
- ensures that meaningful public engagement activities occur;
- applies public engagement findings to help inform the state CSC plan;
- shares public engagement findings with local health departments throughout the state to help inform local and regional CSC planning efforts; and
- makes a summary of the draft state CSC plan available for public review and comment.

### **Task 4**

State health department, with support of the SDMAC, briefs applicable public officials within the state on the CSC plan and their roles in a CSC response.

### **Task 5**

State CSC plan is reviewed by state legal counsel (e.g., state health

department counsel) to ensure that the plan describes legal authorities appropriately and that recommended actions in the plan are undertaken in accordance with applicable federal, state, and local laws and regulations (see Chapter 3).

### **Task 6**

State health department and the SDMAC review input from Function 3 actions and update the draft state CSC plan as needed.

## **Function 4. Plan Revision**

### **Task 1**

State health department and the SDMAC carefully review the input of stakeholders, the public, and legal counsel before finalizing the state CSC plan.

### **Task 2**

Following this review, state health department and the SDMAC revise the draft plan as needed and, as appropriate, consult with stakeholders about any clarifications or concerns. Where needed, substantive changes are reviewed and approved by the appropriate state officials.

## **Function 5. Plan Adoption, Notification, and Dissemination**

### **Task 1**

State health department leadership approves and adopts the CSC plan, and works with the state EMA to integrate it into the state emergency operations plan (EOP) (ESF-8 public health and medical annex) and state surge capacity plan/annex or other state emergency response plan(s), as applicable.

### **Task 2**

State health department notifies public officials of plan adoption; state health department informs applicable stakeholders (including interstate and federal) about plan adoption and processes. In particular, local health departments and local EMAs are informed of the plan's adoption and are provided the plan so they can incorporate it into local emergency planning efforts (e.g., local EOP health and medical annex or surge plan for local implementation of the state CSC plan) and inform their local response partners (especially the health care community). Legal issues related to CSC are disseminated to legal partners (e.g., the judicial system through bench books; hospital legal counsel).

### **Task 3**

State and local health departments support health care facility and system surge capacity and planning efforts, including by developing protocols and plans for allocation of scarce resources so these plans can coalesce at the regional hospital coalition level.

### **Task 4**

State health department makes a public version of the state CSC plan available on the state health department website for public access.

## Function 6. Plan Maintenance

### Task 1

State health department and the SDMAC ensure that the state CSC plan is operational and ready for activation by:

- conducting ongoing education with stakeholders, public officials, and the public about the plan and its implementation;
- tracking developments in CSC planning and guidance (within and external to the state), developing a process for continuous assessment of routine and catastrophic disaster response capabilities based on existing information and knowledge management platforms, and creating a mechanism for ensuring that CSC milestones are being achieved;
- conducting annual workshops, tabletop exercises, and functional exercises involving the state CSC plan at the interstate, state, regional, and local levels in conjunction with state/local EMA, public health, hospital, and federal exercises and partners, when feasible;
- reviewing and updating the plan on a regular basis or as needed (using information gained through provider and community engagement and through exercises and actual emergencies) as elements of a disaster planning process improvement cycle;
- soliciting input from stakeholders and the public about the plan, including continuing to conduct public engagement activities, as needed; and
- notifying stakeholders and the public, as necessary, of any substantive plan updates.

### Task 2

State health department general counsel (or others at the state level) work to revise state legal and regulatory authorities to address CSC needs if necessary (see Chapter 3).