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North Central Region
Healthcare Coalition

North Central Region Healthcare Coalition

Hospital Resource Officer Concept of Operations

Version 1.0
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Introduction

This Concept of Operations (CONOPS) was created in response to the Marshall Fire in Boulder County (Colorado) in December 2021. This plan was developed jointly between the North Central Region Healthcare Coalition (NCR HCC) members, public safety partners, local hospitals, private transport providers, and the Foothills Regional Emergency Medical and Trauma Advisory Council (FRETAC). Additional input and review were provided by hospitals, emergency medical services (EMS), public health, dispatch, law enforcement, and emergency management partners across the region.

Purpose

The purpose of this CONOPS is to detail the functions of the Hospital Resource Officer (HRO) and define expectations for each participating agency/organization in operationalizing this role. This document is meant to be incorporated into existing emergency planning efforts and response plans.

Scope

This CONOPS is designed to be utilized during incidents where hospitals need direct access to information and resources to effectively respond to a significant patient surge or patient evacuation from an impacted facility. The position of the HRO provides this critical link between the on-scene Incident Command (IC) and an impacted hospital(s). This CONOPS contains guidance for an HRO to facilitate coordinated information sharing and situational awareness which supports hospital decision-making and organized patient movement. The impact of significant surge or evacuation incidents are generally not confined to the borders of the community managing the incident, nor are they exclusive only to hospitals and EMS providers. As such, this CONOPS has been written as a multi-disciplinary regional plan.

This CONOPS does not supersede or interfere with organizational emergency operations plans, jurisdictional plans, applicable laws and statutes, or official command and control structures in existence at the local or state level.

This CONOPS and its associated documents are not directive in nature. It applies to participating agencies when a coordinated response between hospitals and EMS is necessary. The details provided in this CONOPS may be integrated into existing response plans.

Assumptions

The content in this CONOPS is based on the following assumptions:

- Each hospital in the North Central Region (NCR) has an Emergency Operations Plan (EOP) and activates its EOP and the Hospital Incident Command System (HICS) as needed for a response.
- Each EMS agency in the NCR has a protocol for a mass casualty incident (MCI).
- Responding agencies in the NCR will operate within the Incident Command System (ICS) or HICS.
- Hospitals need situational awareness to make critical operational decisions such as activating medical surge plans to make room for incoming patients, bringing in additional staff, or deciding whether or not to remain in their facility.

- Participating agencies (see Roles and Responsibilities) have incorporated the position of HRO into existing emergency response plans for MCIs and hospital evacuation. For checklists to incorporate by discipline, see Appendix 4: Hospital Checklist, Appendix 5: EMS Agency Checklist, Appendix 6: Dispatch Checklist, Appendix 7: NCR HCC Checklist, Appendix 8: Local EM/EOC Checklist, and Appendix 9: Local Public Health/ESF-8 Checklist.
- The HRO would be activated per this CONOPS to support an impacted hospital that is part of a larger event (e.g., a large MCI). If the hospital is the scene, the IC would be at the hospital and an HRO is not needed (e.g., hospital evacuation due to an internal facility issue).
- When activated, the HRO will operate within the ICS System and report to the on-scene IC. See Appendix 2: The HRO Position Within ICS.
- In order for a hospital to request an HRO, the hospital will first contact their local dispatch center. The local dispatch will pass the request on to the on-scene IC. Dispatch will not activate or dispatch a resource to serve in this role. See Appendix 4: Hospital Checklist for alternates.
- The HRO may function without activation of a local Emergency Operations Center (EOC) and/or Emergency Support Function 8 (ESF-8): Public Health and Medical. The HRO may also be activated before the EOC/ESF-8 is established.
- No matter the size of an incident, all incidents are locally managed with support from external resources. To this end, the HRO will follow local policies and procedures.
- The NCR HCC will support information sharing, resource coordination, and patient movement among hospital partners in the region per their Response Plan and the Regional Hospital Coordination Plan (RHCP).
- The two Regional Emergency Medical and Trauma Services Advisory Councils (RETAC) that serve the North Central Region (Foothills and Mile High) are not operational entities but may serve as a resource for the HRO.

Concept of Operations

Mission of the HRO

The mission of the HRO is to serve as a partner to an impacted hospital(s) and provide a link between hospital personnel and the on-scene IC. The HRO may perform information sharing for situational awareness, resource coordination, and patient movement functions as outlined in this CONOPS.

Scope of the HRO Role

The HRO provides expertise on EMS operations and serves as a Subject Matter Expert (SME) to assist hospitals to make operational decisions. The HRO does not assume authority for hospital decision-making, does not conduct triage or provide treatment, and does not provide clinical care advice to impacted facilities unless requested. Tactical decisions made by the HRO will be made in conjunction with and in support of the impacted hospital.

Planning and Coordination

This CONOPS was developed by the NCR HCC with Hospital Preparedness Program (HPP) Funding. A workgroup of healthcare, public health, EMS, and emergency management personnel met to identify

information needed to guide the coordination efforts of medical facilities, including hospitals and EMS. A series of interviews, workgroup meetings, workshops, and exercises were conducted to identify and validate the details included in this CONOPS.

The NCR HCC will maintain this CONOPS. They will coordinate future updates, training sessions, and exercises with participating agencies as needed.

Activation of the HRO

Activation Criteria

Potential criteria for HRO activation may include:

- An incident which activates (or may activate) an MCI plan at a hospital and/or an EMS agency.
- An incident which activates (or may activate) a hospital evacuation plan.
- A local hospital requires information from the scene or IC to make internal operational decisions.
- A hospital requests an HRO. See Requesting an HRO (for Hospitals) and Appendix 4: Hospital Checklist.

Requesting an HRO (for Hospitals)

Hospitals in the NCR may request an HRO during any incident which meets the activation criteria. Requests for an HRO are to be sent to the on-scene IC through the hospital's local dispatch center. See Appendix 4: Hospital Checklist.

Considerations:

- Hospitals should recognize that their local dispatch may be overwhelmed by other elements of the response, and alternate request methods may be needed.
- The local dispatch center will pass the request to the IC. The local dispatch center will not assign or dispatch for this role.
- The IC will fill this role with a person that has the preferred skills outlined in Appendix 3: Preferred Skills for an HRO.
- The request will be fulfilled by the on-scene IC as part of the incident response. There may be a delay in the assignment of an HRO based on the scene and the availability of resources.

Assigning an HRO (for Incident Command)

An HRO will be assigned by Incident Command if requested by a hospital and/or if the incident meets the Activation Criteria. See Appendix 5: EMS Agency Checklist.

Considerations:

- The HRO is to be integrated into the on-scene ICS as determined by IC. Typically, the HRO should function under Operations Section and the Medical Branch with the Triage Unit Leader, Treatment Unit Leader, and Transport Unit Leader. If the Medical Branch is activated, an HRO should be assigned from the scene. See Appendix 2: The HRO Position Within ICS.
- The person assigned to fill the role will be determined by the IC. The role could be filled by someone in the local EMS agency or by someone outside of the agency through mutual aid. See Appendix 3: Preferred Skills for an HRO.

- Request, procurement, and deployment of resources will follow established local processes through Incident Command. Alternate methods may be necessary based on the incident and/or local procedures.
- The HRO should be sent in-person to an impacted hospital when possible. There may be a need to connect virtually (phone or other technology) based on the incident or hospital preference.
- If more than one hospital is requesting an HRO, the IC will fill the requests as best as possible using available resources. The IC can redeploy the HRO to other hospitals as needed.

Initial Notifications

Once assigned, the HRO will make contact with the assigned hospital using the information provided to IC. Hospitals will determine the best link for the HRO, but most like the HRO will connect with the hospital's Emergency Department, the HICS structure in the Hospital Command Center, or with the EMS Coordinator. The HRO and impacted hospitals will notify appropriate stakeholders as needed. See Appendix 10: HRO Checklist.

Response

This CONOPS outlines three primary functions for the HRO. Individual functions may be activated based on the specifics of the incident. All functions may not be necessary for every incident.

Function 1: Information Gathering for Situational Awareness

The HRO can provide critical information to the hospital from the scene that can be used in internal hospital operational decision making. The HRO can also coordinate additional information from other healthcare partners across the region by connecting with the NCR HCC, local dispatch, local ESF-8, and/or the local EOC. The HRO can also provide vital information to incident command from an impacted hospital. The CAN Model (Conditions, Actions, Needs) is a succinct way to request and share information and may be used.

The need for information sharing may occur independently of the other two functions and continue after other functions have ceased.

Function 2: Resource Coordination

When activated, the HRO can assist the hospital with resource requests such as transportation resources (e.g., ambulances), traffic control support, and staffing. Resource requests should follow local procedures and should be made through the IC unless other processes have been established.

Function 3: Patient Movement

An incident (such as a large MCI or a hospital evacuation) may require large-scale patient movement among multiple hospitals in the region. The HRO may assist the hospital with requesting appropriate transport resources, coordinating with external response partners, and informing patient destinations.

See Appendix 10: HRO Checklist.

Demobilization

The continued need for the HRO will be evaluated throughout the response. Criteria for demobilization may include the completion of patient transport from a scene(s), patient evacuation from a hospital is complete, or when the risk to the hospital has ended. It is possible to demobilize individual functions independently without completely demobilizing the HRO as dictated by the incident.

Roles and Responsibilities

Hospitals (Impacted and Non-Impacted)

Preparedness:

- Hospitals in the NCR will incorporate the HRO CONOPS into facility EOPs alongside facility specific policies and procedures.
- Hospitals will incorporate the position of the HRO into the HICS structure and ensure staff understand the role of the HRO and how it impacts hospital operations.
- Hospitals will include the CONOPS into planning efforts which are designed to prepare the facility to connect with the assigned HRO during a response.
- Hospitals will also prepare plans to perform the HRO functions internally if an HRO is delayed or cannot be assigned due to the nature of the incident.
- Hospitals will participate in the HRO training and exercise program as coordinated by the NCR HCC.

Response:

- Hospitals will assess the need for an HRO and make the request for an HRO through appropriate channels as identified in this CONOPS.
- During an incident, an impacted hospital will coordinate with the HRO as assigned to complete hospital and incident objectives.
- Hospitals will make the appropriate notifications to community response partners.
- During an incident, non-impacted hospital(s) will provide information (such as bed capacity) when queried and stand ready to assist an impacted hospital as needed.

See Appendix 4: Hospital Checklist.

EMS Agencies

Preparedness:

- EMS agencies (fire-based, non-fire based, and private) in the NCR will incorporate the HRO into MCI and other related response plans.
- Agencies will prepare plans, policies, and procedures to deploy an HRO from among available and qualified staff to hospitals as per this CONOPS.
- EMS agencies will participate in the HRO training and exercise program as coordinated by the NCR HCC.

Response:

- During an incident, if requested, the local EMS agency will assign an HRO to provide direct coordination with the impacted hospital(s).
- During an incident, non-impacted EMS agencies will be prepared to support the local agency with qualified personnel to fill the role of HRO.
- EMS agencies will make the appropriate notifications to community response partners.

See Appendix 5: EMS Agency Checklist.

Dispatch Centers (Impacted and Non-Impacted)

Preparedness:

- Local dispatch centers/Public Safety Answering Points (PSAPs) in the NCR will work with their local hospitals and EMS agencies to create policies and procedures for staff to be ready to pass a request for an HRO to on-scene incident command when requested.
- Dispatch centers will participate in the HRO training and exercise program as coordinated by the NCR HCC.

Response:

- During an incident, the local dispatch center will pass on a request for an HRO to the IC.
- During an incident, non-impacted dispatch centers/PSAPs may use their existing network to support the HRO with information gathering and resources coordination as dictated by the incident and may be requested to assist with activation of an HRO as a back-up to an impacted dispatch center.

See Appendix 6: Dispatch Checklist.

North Central Region Healthcare Coalition (NCR HCC)

Preparedness:

- The NCR HCC will maintain and update this CONOPS and share the document with stakeholders as appropriate.
- The NCR HCC will develop internal plans and procedures for the HCC role in an HRO activation as necessary.
- The NCR HCC will coordinate the HRO training and exercise program with regional stakeholders.

Response:

- The NCR HCC will activate related regional response plans to support the HRO and hospital response and may serve as a hub of information for hospitals.
- During an incident, the NCR HCC can support all three functions as outlined in this CONOPS (information gathering, resources coordination, and patient movement).
- The NCR HCC may begin to obtain bed capacity information and transportation resources availability as required by the response.
- The NCR HCC may serve as a clearinghouse for information of available beds as well as coordination of transportation resources, operation information, and a centralized patient tracking manifest.

See Appendix 7: NCR HCC Checklist.

Local Emergency Management/EOCs

Preparedness:

- Local Emergency Management will support the implementation of the HRO concept across their jurisdictions.

- Local Emergency Management will create and maintain any plans or procedures necessary to implement this CONOPS locally.
- Local Emergency Management will support and participate in the HRO training and exercise program as coordinated by the NCR HCC.

Response:

- During an incident, the local emergency management will activate the local EOC and ESF-8 as dictated by the incident.
- The local EOC (when activated and per local procedures) will support the HRO as able with information gathering and resource coordination per local procedures.
- Serve as a back-up means to activate an HRO through local EMS at the request of a hospital.
- Coordinate with the Colorado Division of Fire Prevention and Control (DFPC) for fire-based resources as needed.

See Appendix 8: Local EM/EOC Checklist.

Local Public Health/ESF-8

Preparedness:

- Local Public Health (LPH) will support the implementation of the HRO concept across their jurisdictions and with local healthcare partners.
- LPH will support and participate in the HRO training and exercise program as coordinated by the NCR HCC.

Response:

- During an incident and as needed, LPH will activate as part of ESF-8 based on local procedures.
- ESF-8 (when activated and as per local procedures) will support the HRO as able with information gathering and resource coordination per local procedures.

See Appendix 9: Local Public Health/ESF-8 Checklist.

Direction, Control, and Coordination

When activated, the HRO will make operational and tactical decisions in conjunction with the hospital leadership and on-scene IC. Resource requests will follow local processes, and allocation/prioritization decisions will be made per local protocols.

Communication

The response and management of an incident requires participation from public and private resources through a coordinated approach. The HRO will communicate with the IC per established protocols as dictated by the incident. The HRO will communicate with the hospital and other response stakeholders per established protocols. Likely communication methods include:

- Established and accessible radio channels
- EMResource

- WebEOC
- Phone calls
- Emails

Upon assignment, the HRO should work with the IC and hospital to establish and confirm communication methods.

Plan Review and Maintenance

This CONOPS will be maintained by the NCR HCC and be reviewed at least annually as a component of the NCR HCC Response Plan. The NCR HCC will engage with necessary stakeholders to gather input for subsequent updates and share those updates with stakeholders.

Training and Exercise Program

The development of a comprehensive and ongoing training and exercise program to inform and educate key participants is essential for effective response and implementation of this CONOPS.

This CONOPS will be included in the NCH HCC's training and exercise schedule. Responsibility for training personnel on the contents of the plan lies with the NCR HCC, Hospital Committee, and the EMS Committee.

Updates and Distribution

When this CONOPS is updated, the NCR HCC will ensure that updated information is shared with key stakeholders as defined in this CONOPS.

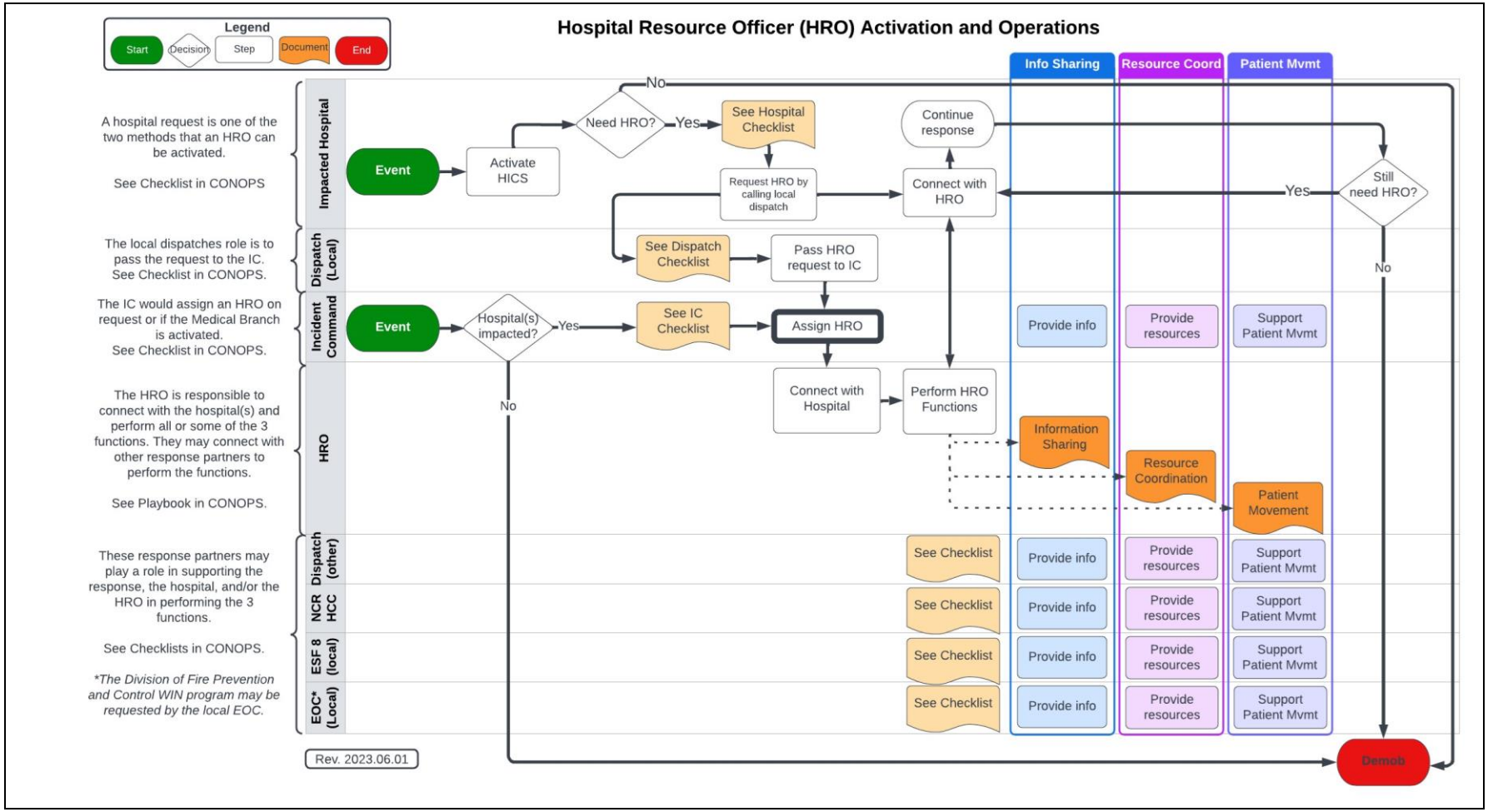
Acronyms

Acronym/ Term	Definition
CONOPS	Concept of Operations
DFPC	Colorado Division of Fire Protection and Control
ED	Emergency Department
EEI	Essential Elements of Information
EM	Emergency Manager
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF-8	Emergency Support Function 8 (Public Health and Medical)
FRETAC	Foothills Regional Emergency Medical and Trauma Services Advisory Council
HCC	Healthcare Coalition
HICS	Hospital Incident Command System
HPP	Hospital Preparedness Program
HRO	Hospital Resources Officer
H-SAS	Healthcare Situational Awareness System
IC	Incident Commander
ICS	Incident Command System
IPP	Integrated Preparedness Program
LPH	Local Public Health

Acronym/ Term	Definition
MCI	Mass Casualty Incident
NCR	North Central Region
PSAP	Public Safety Answering Points
RETAC	Regional Emergency Medical and Trauma Services Advisory Council
RHCP	Regional Hospital Coordination Plan
SME	Subject Matter Expert

Appendix 1: HRO Swimlane Diagram: Activation and Operations

This swimlane diagram is designed as a shorter, graphic representation of the details included in this CONOPS.

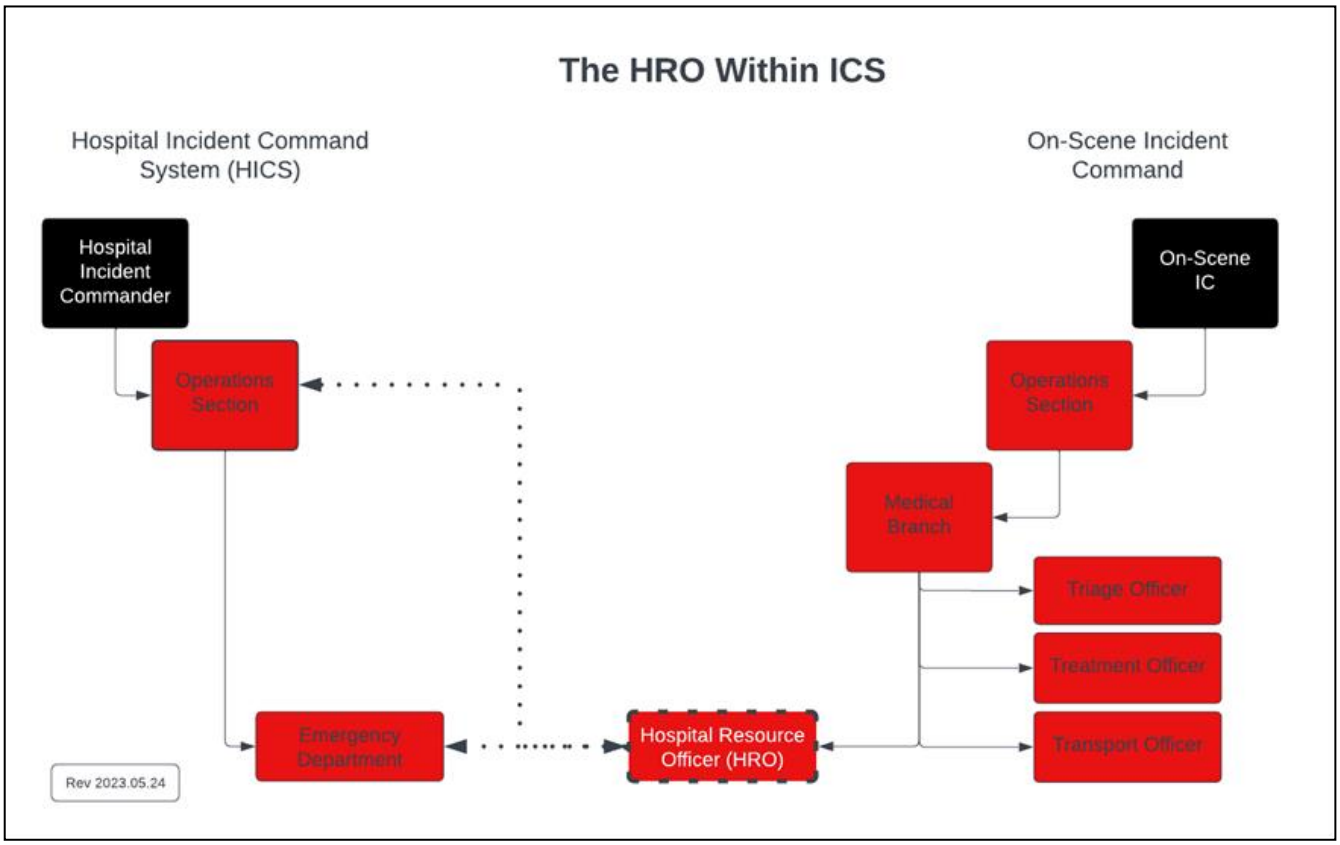


Notes about this Swimlane:

- Key stakeholders with additional notes are listed on the left of the chart.
- Orange boxes refer to documents that are included in the full CONOPS.
- Green ovals indicate the initiation of the algorithm: one from hospitals; one from on-scene IC
- Steps outlined in the first three lanes are needed to get to the lynchpin of the diagram: activating the HRO.
- HRO functions are listed vertical swimlanes and show which other response partners may help the HRO perform the functions.
- If the HRO is not needed (either by the hospital or based on the scene), the algorithm ends.

Appendix 2: The HRO Position Within ICS

This chart shows the HRO's relationship with the impacted hospital (most likely through the Emergency Department and on-scene IC (with and through the Medical Branch).



Appendix 3: Preferred Skills for an HRO

- ☐ Knowledge of the EMS system.
- ☐ Knowledge of EMS resources and how to obtain resources throughout the region.
- ☐ Ability to function within ICS.
- ☐ Problem-solver.
- ☐ Adaptable.
- ☐ Decision-maker.
- ☐ Established contacts and relationships in the region.
- ☐ EMS Leader. This could be an EMS Chief, Captain, or other ranking officer.
- ☐ Knowledge of hospital operations, the resources that are needed at the hospital, and the resources that can come to the hospital.
- ☐ Knowledge of the regional healthcare response and the North Central Region Healthcare Coalition.

Appendix 4: Hospital Checklist

Purpose

This checklist has been developed to standardize the incorporation of the Hospital Resource Officer (HRO) into your hospital's Emergency Operations Plan (EOP) to align the duties of the responders. It outlines preparedness, response, and demobilization activities and provides resources that may be useful during a response to an incident that directly impacts local hospitals. This is not meant to be an all-encompassing instruction for operational or tactical decision-making but a guide to integrate the HRO with your current procedures.

Planning and Preparedness

Prior to activation, hospitals should incorporate the concepts of this CONOPS into their existing EOPs.

- ☐ Review this CONOPS and this Checklist.
- ☐ Incorporate the role of the HRO into your hospital surge plans and evacuation plans.
  - ☐ You can determine where the HRO should operate. Depending on the incident, the best connection point may be in your ED, in your Hospital Command Center, and/or with your EMS Coordinator.
  - ☐ Add or link portions of this CONOPS into your plans as necessary.
- ☐ Plan for the HRO with your local Emergency Medical Services (EMS) agency(ies).
  - ☐ Determine the most likely connection point for your hospital. See Appendix 2: The HRO Position Within ICS.
  - ☐ Discuss the most likely communication pathways to be used by the HRO.
  - ☐ Discuss other opportunities to plan for, train, and/or exercise the HRO position.
- ☐ Plan for the HRO with your other local responders.
  - ☐ Contact your local Dispatch to confirm the best way to request an HRO. Consider contacting your closest 3 dispatch centers for redundancy.
  - ☐ Contact your local emergency management and/or local public health/Emergency Support Function-8 to incorporate the HRO into larger response plans.
  - ☐ Contact the North Central Region Healthcare Coalition to incorporate the HRO into regional response plan (such as the Regional Hospital Coordination Plan).
- ☐ Prepare to fulfill the functions of the HRO as there could be a delay in assignment/arrival. See Appendix 10: HRO Checklist.

Response

Consider these activities for an incident when an HRO is activated.

Impacted Hospital

An "impacted hospital" is one that is experiencing an incident and where an HRO would be assigned. If your hospital is impacted:

- ☐ Activate your incident command structure for hospital emergency operations.

- ☐ Request an HRO from your local dispatch per the protocols outlined in this CONOPS with this script:
  - ☐ "This is *NAME* from *HOSPITAL*. We are responding to *INCIDENT*. Please request the on-scene Incident Commander send a Hospital Resource Officer to us. The IC can contact us at *CONTACT INFO* for more information."
    - ☐ Consider primary and alternate contact information.
  - ☐ If local dispatch cannot fill the request, contact (in this order):
    - ☐ Local Emergency Management/Emergency Operations Center (EOC) emergency contact.
    - ☐ Non-impacted dispatch center near your location.
    - ☐ NCR HCC
    - ☐ Other EMS non-impacted EMS agencies or other sources.
- ☐ Connect with the HRO upon assignment. Contact info should be provided by on-scene Incident Command (IC).
  - ☐ Provide them with instructions to the hospital and where to meet (most likely, this will be your Emergency Department).
  - ☐ Provide the HRO with an incident briefing and your primary concerns.
  - ☐ Clearly communicate your needs and expectations.
- ☐ Notify local ESF8 and the NCR HCC of the HRO activation.
- ☐ Confirm communication methods.
  - ☐ Consider 800 MHz radio, phone, cell phone, and other methods.
- ☐ Update and monitor EMResource and the NCR Healthcare Situational Awareness System (H-SAS) for incident information.
- ☐ Initiate internal surge capacity plans and/or evacuation plans.
- ☐ Fulfill the tasks of the HRO if assignment/arrival is delayed or an HRO is not assigned.

Non-Impacted Hospital

A "non-impacted hospital" is one that is not directly experiencing the incident but may be called upon to assist an impacted hospital.

- ☐ Conduct internal notifications to prepare for a potential emergency response.
- ☐ Wait for information or instructions as outlined in the Regional Hospital Coordination Plan (RHCP).
- ☐ Monitor EMResource and the NCR Healthcare Situational Awareness System (H-SAS) for incident information.
- ☐ Provide bed capacity information or other information as requested.
- ☐ Initiate internal surge capacity plans and/or evacuation plans.

Demobilization / Recovery

Once the need for an HRO has ended, demobilization can begin.

- ☐ Evaluate the need for the HRO based on the incident.
- ☐ Debrief with the HRO on outstanding issues and follow up requirements.
    - ☐ Include an update of the current situation, response actions, available resources, and the role of external agencies in support of the hospital.
- ☐ Consolidate documentation from the response.
- ☐ Participate in after action debriefings as needed to determine lessons learned from the incident and identify corrective actions.
- ☐ Notify local ESF8, the NCR HCC, and other key partners of the HRO's demobilization.

Resources

- ☐ Hospital EOPs
- ☐ EMResource
- ☐ H-SAS
- ☐ NCR HCC Response Plan
- ☐ Regional Hospital Coordination Plan
- ☐ Patient Tracking plan
- ☐ Local communications plans

Appendix 5: EMS Agency Checklist

Purpose

This checklist has been developed to standardize the incorporation of the Hospital Resource Officer (HRO) into your Emergency Medical Services (EMS) agency's emergency plans to align the duties of the responders. It outlines preparedness, response, and demobilization activities and provides resources that may be useful during a response to an incident that directly impacts local hospitals. This is not meant to be an all-encompassing instruction for operational or tactical decision-making but a guide to integrate the HRO with your current procedures.

Planning and Preparedness

Prior to activation, EMS agencies should incorporate the concepts of this CONOPS into their existing response plans.

- ☐ Review this CONOPS and this Checklist.
- ☐ Plan for the use of an HRO with your local hospitals.
  - ☐ Determine the most likely connection point for the hospital. See Appendix 2: The HRO Position Within ICS
  - ☐ Discuss the most likely communication pathways to be used by the HRO.
  - ☐ Discuss other opportunities to plan for, train, and/or exercise the HRO position.
  - ☐ Discuss expectations and requirements for both hospitals and EMS agencies.
- ☐ Plan for the HRO with your other local responders.
  - ☐ Contact your local Dispatch center to confirm their role as the "pass through" for a hospital requesting an HRO.
  - ☐ Contact your local emergency management and/or local public health/Emergency Support Function- 8 (ESF8) to incorporate the HRO into larger response plans.
- ☐ Incorporate the role of the HRO into your agency's surge plans (such as your MCI plan). See Appendix 2: The HRO Position Within ICS.

Response

Consider the following when an HRO is activated.

Impacted EMS Agency Incident Commander

An "impacted EMS Agency" is an agency responding to an incident that may require activation of an HRO.

- ☐ Consider an HRO when:
  - ☐ An incident activates (or may activate) your MCI plan (and specifically the Medical Branch and/or Triage, Treatment, and/or Transport positions). See Appendix 2: The HRO Position Within ICS.
  - ☐ An incident activates (or may activate) your local hospital's MCI plan.
  - ☐ An incident activates (or may activate) your local hospital's evacuation plan.

- ☐ Your local hospital may need information from the scene to make operational decisions or local incident command needs information from an impacted hospital.
- ☐ If patient movement (outside of normal capacity) is expected or probable from a scene to a hospital.
- ☐ The hospital is or could be impacted by an incident or is "the scene" of an incident which may require patient movement.
- ☐ A hospital requests an HRO through local Dispatch.

☐ Field the request for an HRO from local dispatch (as a passthrough for a local hospital). Contact the local hospital and gather the following information:

- ☐ Type of incident they are experiencing (most likely an MCI or evacuation).
- ☐ Projected expectations for the HRO to ensure your agency can fufill the request.
- ☐ Primary and secondary contact info for a hospital point of contact.
- ☐ Meeting location for the HRO (most likely the hospital emergency department).

☐ Assign an HRO. See Appendix 3: Preferred Skills for an HRO.

- ☐ Notify the local EOC and other response partners that an HRO is assigned and provide contact information.
- ☐ Establish and confirm communication methods between IC, external partners, and the HRO. Consider radio channels and cell phones as the primary methods.
- ☐ Confirm the method for the HRO to request resources from the IC.

Non-Impacted EMS Agency

A "non-impacted EMS agency" is one that is not directly experiencing the incident but may be called upon to assist an impacted jurisdiction.

- ☐ Conduct internal notifications to prepare for an emergency response.
- ☐ Wait for information or instructions per mutual aid plans.
- ☐ Monitor EMResource for incident information.
- ☐ Provide resources or other information as requested.
- ☐ Initiate internal MCI plans as needed.

Demobilization / Recovery

Once the need for an HRO has ended, demobilization can begin.

- ☐ Evaluate the need for the HRO based on the incident.
- ☐ Ensure hospital needs are met.
- ☐ Consolidate documentation from the response.
- ☐ Participate in after action debriefings as needed to determine lessons learned from the incident and identify corrective actions.

Resources

- ☐ EMResource
- ☐ WebEOC
- ☐ Agency MCI plan
- ☐ Local Communications Plan
- ☐ RETACs

Appendix 6: Dispatch Checklist

Purpose

This checklist has been developed to standardize the incorporation of the Hospital Resource Officer (HRO) into your Dispatch Center's protocols. This checklist outlines preparedness, response, and demobilization activities and provides resources which may be useful during a response to an incident that directly impacts local hospitals. This is not meant to be an all-encompassing instruction for operational or tactical decision-making but a guide to integrate the HRO with your current procedures.

Planning and Preparedness

Prior to activation, dispatch centers should incorporate the concepts of this CONOPS into their existing protocols.

- ☐ Review this CONOPS and this Checklist.
- ☐ Plan for the activation of the HRO with your local EMS agencies and hospitals.
  - ☐ Determine your dispatch center's role in passing an HRO request to an on-scene IC.
  - ☐ Confirm the phone number(s) and request process for your local hospitals.
- ☐ Incorporate the role of the HRO into your protocols for managing an MCI or hospital evacuation.
- ☐ Discuss other opportunities to plan for, train, and/or exercise the HRO position.

Response

Consider the following for an incident when an HRO is activated.

Impacted Dispatch Center

An "impacted dispatch center" is a local dispatch center that is responding to an incident that may necessitate the need for an HRO.

- ☐ When contacted by a hospital who is requesting activation of an HRO, gather the following information from the hospital:
  - ☐ Type of incident (most likely an MCI or evacuation).
  - ☐ Primary and secondary contact info for a hospital point of contact.
- ☐ Pass the request to the on-scene IC.
- ☐ Obtain and relay incident information to dispatch centers who are assisting with the response (e.g., patient count, types of injuries, special considerations).
- ☐ Activate and monitor EMResource.
- ☐ Follow standard procedures to support the IC.

Non-Impacted Dispatch Center

A "non-impacted dispatch center" is one that is not directly experiencing the incident but may be called upon to assist an impacted center.

- ☐ Monitor EMResource for incident information.
- ☐ Support the impacted dispatch center as needed.

Demobilization / Recovery

Once the need for an HRO has ended, demobilization can begin.

- ☐ Consolidate documentation from the response.
- ☐ Participate in after action debriefings as needed to determine lessons learned from the incident and identify corrective actions.

Resources

- ☐ Local MCI protocols
- ☐ Local Communications Plan

Appendix 7: NCR HCC Checklist

Purpose

This checklist has been developed to standardize the incorporation of the Hospital Resource Officer (HRO) into the NCR HCC's response plans to align the duties of the responders. It outlines preparedness, response, and demobilization activities and provides resources that may be useful during a response to an incident that directly impacts local hospitals. This is not meant to be an all-encompassing instruction for operational or tactical decision-making but a guide to integrate the HRO with your current procedures.

Planning and Preparedness

Prior to activation, the NCR HCC should incorporate the concepts of this CONOPS into their existing protocols.

- ☐ Review this CONOPS and this Checklist.
    - ☐ Plan for the activation and operation of an HRO with the Coalition and within the region.
    - ☐ Determine how the HRO will integrate with the NCR HCC Regional Hospital Coordination Plan (RHCP).
    - ☐ Define how and when the Coalition can support the activation of an HRO.
    - ☐ Incorporate the HRO into regional response plans.
- ☐ Facilitate regional opportunities to plan for, train, and/or exercise the HRO position as part of the Integrated Preparedness Plan (IPP).
- ☐ Facilitate the review and maintenance of this CONOPS.
    - ☐ Use standing committees to review and update this CONOPS.

Response

Consider the following for an incident when an HRO is activated.

- ☐ Activate, update, and/or monitor H-SAS and EMResource as needed.
- ☐ Activate the NCR HCC Response Plan, associated annexes, and RHCP as needed.
- ☐ Notify other hospitals in the region of the incident.
- ☐ Collect information from and share information with non-impacted hospitals in support of the HRO.
- ☐ Support the HRO with resource requests as able.
- ☐ Support the HRO with patient movement information as available.
- ☐ Maintain situational awareness tools and systems.

Demobilization / Recovery

Once the need for an HRO has ended, demobilization can begin.

- ☐ Assist hospitals to evaluate the continued need for the HRO based on the incident.
- ☐ Consolidate documentation from the response.

- ☐ Facilitate and/or participate in after action debriefings as needed to determine lessons learned from the incident and identify corrective actions.
- ☐ Make updates to this CONOPS as needed following an incident or exercise of this plan.

Resources

- ☐ EMResource
- ☐ WebEOC
- ☐ NCR HCC Response Plan and associated annexes
- ☐ H-SAS
- ☐ Communications Plan
- ☐ Essential Elements of Information guide
- ☐ Regional Hospital Coordination Plan
- ☐ Patient Tracking Plan

Appendix 8: Local Emergency Management/EOC Checklist

Purpose

This checklist has been developed to standardize the incorporation of the Hospital Resource Officer (HRO) into your jurisdiction's Emergency Operations Plan (EOP) and Emergency Operations Center (EOC) plans. This checklist outlines preparedness, response, and demobilization activities and provides resources that may be useful during a response to an incident that directly impacts local hospitals. This is not meant to be an all-encompassing instruction for operational or tactical decision-making but a guide to integrate the HRO with your current procedures.

Planning and Preparedness

Prior to activation, local emergency management should incorporate the concepts of this CONOPS into existing EOPs and EOC procedures.

- ☐ Review this CONOPS and this Checklist.
- ☐ Plan for the HRO with your local hospitals and EMS agency(ies).
  - ☐ Determine the most likely connection point for the local EOC.
  - ☐ Discuss other opportunities to plan for, train, and/or exercise the HRO position.
- ☐ Plan for the HRO with your other local responders.
- ☐ Contact your Local Public Health/Emergency Support Function-8 (ESF8) to incorporate the HRO into larger response plans.
- ☐ Incorporate the role of the HRO into your local EOP and local EOC plans and procedures.

Response

Consider the following for an incident when an HRO is activated.

Impacted Local Emergency Management/EOC

An "impacted Local Emergency Management/EOC" is the local jurisdiction (with the local EOC in response mode) where the impacted hospital and/or impacted EMS agency are located. If your jurisdiction is impacted:

- ☐ Activate local EOC and/or local EOP based on the needs of the incident.
- ☐ Monitor WebEOC for incident information.
- ☐ Gather information from and share information about the response in support of the HRO.
- ☐ Support the HRO with resource requests as able and per local protocol.
- ☐ Support the HRO with patient movement information as available and per local protocol.
- ☐ Coordinate with DFPC for additional fire-based EMS resources as needed.
- ☐ Serve as a backup to local dispatch centers activating the HRO.

Non-Impacted Local Emergency Management/EOC

A "non-impacted Local Emergency Management/EOC" is a jurisdiction that is not directly experiencing the incident but may be called upon to assist an impacted jurisdiction.

- ☐ Conduct internal notifications to prepare for an emergency response.

- ☐ Monitor WebEOC for incident information.
- ☐ Support impacted jurisdiction per mutual aid protocol.

Demobilization / Recovery

Once the need for an HRO has ended, demobilization can begin.

- ☐ Evaluate the need for the HRO based on the incident.
- ☐ Consolidate documentation from the response.
- ☐ Participate in after action debriefings as needed to determine lessons learned from the incident and identify corrective actions.

Resources

- ☐ WebEOC
- ☐ EMResource
- ☐ Local EOP
- ☐ Local EOC plans and procedures
- ☐ Local ESF-8 plans

Appendix 9: Local Public Health/ESF-8 Checklist

Purpose

This checklist has been developed to standardize the incorporation of the Hospital Resource Officer (HRO) into your local public health (LPH) ESF-8 Emergency Operations Plan (EOP). It outlines preparedness, response, and demobilization activities and provides resources that may be useful during a response to an incident that directly impacts local hospitals. This is not meant to be an all-encompassing instruction for operational or tactical decision-making but a guide to integrate the HRO with your current procedures.

Planning and Preparedness

Prior to activation, LPH/ESF-8 should incorporate the concepts of this CONOPS into existing EOPs.

- ☐ Review this CONOPS and this Checklist.
- ☐ Plan for the activation and operations of the HRO with your local hospitals and EMS agency(ies).
  - ☐ Determine the most likely connection point for ESF-8 with the HRO including how to share information.
  - ☐ Discuss other opportunities to plan for, train, and/or exercise the HRO position.
- ☐ Plan for the HRO with other local responders.
  - ☐ Contact your local emergency management to incorporate the HRO into larger response plans.
  - ☐ Contact the North Central Region Healthcare Coalition to incorporate the HRO into regional response plan (such as the Regional Hospital Coordination Plan).
- ☐ Incorporate the role of the HRO into your ESF-8 plans.

Response

Consider the following for an incident when an HRO is activated.

Impacted LPH/ESF-8

An “impacted LPH/ESF-8” is the local public health agency (as ESF-8 in response mode) where the impacted hospital and/or impacted EMS agency are located. If your jurisdiction is impacted:

- ☐ Activate local ESF-8 plans in conjunction with the local EOC based on the needs of the incident.
- ☐ Notify other hospitals or healthcare organizations in the region of the incident.
- ☐ Monitor EMResource for incident information.
- ☐ Gather information from and share information with non-impacted hospitals in support of the HRO.
- ☐ Support the HRO with resource requests as able.
- ☐ Support the HRO with patient movement information as available.

Non-Impacted LPH/ESF-8

A “non-impacted LPH/ESF-8” is one that is not directly experiencing the incident but may be called upon to assist an impacted jurisdiction.

- ☐ Conduct internal notifications to prepare for an emergency response.
- ☐ Monitor EMResource for incident information.
- ☐ Provide bed capacity information or other information as requested.

Demobilization / Recovery

Once the need for an HRO has ended, demobilization can begin.

- ☐ Evaluate the need for the HRO based on the incident.
- ☐ Consolidate documentation from the response.
- ☐ Participate in after action debriefings as needed to determine lessons learned from the incident and identify corrective actions.

Resources

- ☐ WebEOC
- ☐ EMResource
- ☐ Local EOP
- ☐ Local ESF-8 emergency plans

Appendix 10: HRO Checklist

Mission

- ☐ Provide a link between hospital personnel and the on-scene IC for situational awareness, resource coordination, and/or patient movement.

Scope of the HRO Role

If requested:

- ☐ Provide expertise on EMS operation to support the hospital.
- ☐ Conduct triage, provide treatment, or give clinical care advice.
- ☐ Make tactical decision in conjunction with the impacted hospital.

Receive Assignment	
☐	Receive HRO assignment from the IC.
☐	Confirm place within on-scene ICS structure and reporting structure.
☐	Receive contact information for the impacted hospital and meeting location (typically the hospital emergency department).
☐	Confirm communication methods with the IC. Consider radio channels and cell phones as the primary methods.
☐	Confirm the method to request information and resources from the IC.
☐	Deploy to the hospital.

Connect with the Hospital	
☐	Report to the hospital and connect with hospital representatives.
☐	Notify IC of arrival on scene at hospital.
☐	Receive a situation briefing from the hospital representative and any briefing necessary through IC.
☐	Establish connection to incident in EMResource/WebEOC and review incident operations.

Function 1: Information Sharing	
☐	Connect with IC/Medical Branch for information from the scene relevant to the hospital.
☐	Pass information from the hospital to the IC/Medical Branch Officer.
☐	Coordinate with the hospital for information from the NCR HCC and to determine available hospital resources in the region.
☐	Coordinate with the hospital to connect with the local EOC / ESF-8 as needed.
☐	Provide IC/Medical Branch a regular update on hospital status, unmet needs, or other pertinent information.
☐	Provide hospital staff with a regular update on the scene status, incoming patients, or other pertinent information.

Function 2 (if needed): Resource Coordination	
☐	Coordinate resources through IC/Medical Branch for other resources needed by the hospital (i.e., medical supplies, equipment, or staffing resource).
☐	Query regional partners for patient transportation resources (air and ground) as needed.
☐	Work with hospital representative for transportation staging areas and traffic flow.
☐	Connect with local law enforcement for traffic control if needed.

Function 3 (if needed): Patient Movement	
☐	Work with the hospital to understand and order needed resources per local procedures.
☐	Monitor EMResource for potential patient destinations.
☐	Coordinate patient transport resources with patient destinations.

Demobilization/Recovery	
☐	Evaluate the need for the HRO based on the incident.
☐	Debrief with the hospital on outstanding issues and follow up requirements.
☐	Include an update of the current situation, response actions, available resources, and the role of external agencies in support of the hospital.
☐	Debrief with IC/Medical Branch for any outstanding needs at the hospital.
☐	Consolidate documentation from the response.
☐	Participate in after action debriefings as needed to determine lessons learned from the incident and identify corrective actions.

Resources	
☐	Radio and Local Communications Plan
☐	EMResource
☐	H-SAS (through the hospital)
☐	Agency MCI plan
☐	RETACs
☐	Fire/EMS Medical Directors to link with hospital physicians
☐	Hospital EMS Coordinators
☐	WebEOC