Indiana

DISTRICT 7

Healthcare Coalition

Preparedness Plan

Plan Revision Information

Version	Date	Changes	Author
1.0	12/2018	Original Plan	
1.1	9/15/2020	General revisions; Updated Population Data; Updated Operations Manager to Healthcare Coalition Readiness & Response Coordinator; Updated Indiana State Department of Health to Indiana Department of Health.	MESH
2.0	3/30/21	Design and layout revision. Consolidation of topics.	MESH

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Introduction

The purpose of the Indiana District 7 Healthcare Coalition preparedness plan is to appropriately document the organizational processes of the Coalition and how it prioritizes and works collectively among the membership to develop and test operational capabilities that promotes and refines communication, information sharing, resource coordination, and operational response and recovery.

Purpose

The purpose of the Indiana District 7 Healthcare Coalition preparedness plan is to appropriately document the organizational processes of the Coalition and how it prioritizes and works collectively among the membership to develop and test operational capabilities that promotes and refines communication, information sharing, resource coordination, and operational response and recovery.

Scope

The scope of the Indiana District 7 Healthcare Coalition preparedness plan is limited to supporting the participating core and Ancillary member organizations strategic preparedness planning efforts and causing a universal understanding of cooperation and effort within the Indiana District 7 region.
The Indiana District 7 Healthcare Coalition encompasses 8 counties within west-central Indiana. The coalition is open to all identified member partner types as identified by the Assistant Secretary for Preparedness and Response.
This document is designed to serve as a supplement to participating organizations, and does not supplant effective emergency management and/or emergency preparedness programs for each participating organization. Nor does the document supersede any local, county, regional, state, or federal entities preparedness plan.

Administrative Support of Plan Review

This plan has been designed by the coalition's Executive Committee and it's Operational Planning Committee. Upon the successful completion of this document, the preparedness plan shall be reviewed and approved by the core membership of the coalition. The core membership, prior to approval, will ensure that the plan addresses all Ancillary membership preparedness strategies.
This plan requires and annual review, as well as a review after any real-world event involving any of the core or Ancillary membership. The review will be conducted by the Executive Committee. These reviews will focus on identification of gaps within the preparedness plan and working with the membership and external partners to develop strategies to address those gaps.

District 7 Healthcare Coalition Overview and Situation

Mission and Vision

The Indiana District 7 Healthcare Coalition strives to develop and promote emergency preparedness, mitigation, response, and recovery capabilities of local healthcare entities by:

- Strengthening community medical resiliency, surge capacity, and capability
- Building relationships and partnerships
- Developing emergency preparedness, mitigation, response, and recovery capability guidelines
- Facilitating communication, information, and resource sharing

- Utilization of current resources
- Coordinating training, drills, and healthcare exercises

The Indiana District 7 Healthcare Coalition is committed to producing a healthcare network that is capable of:

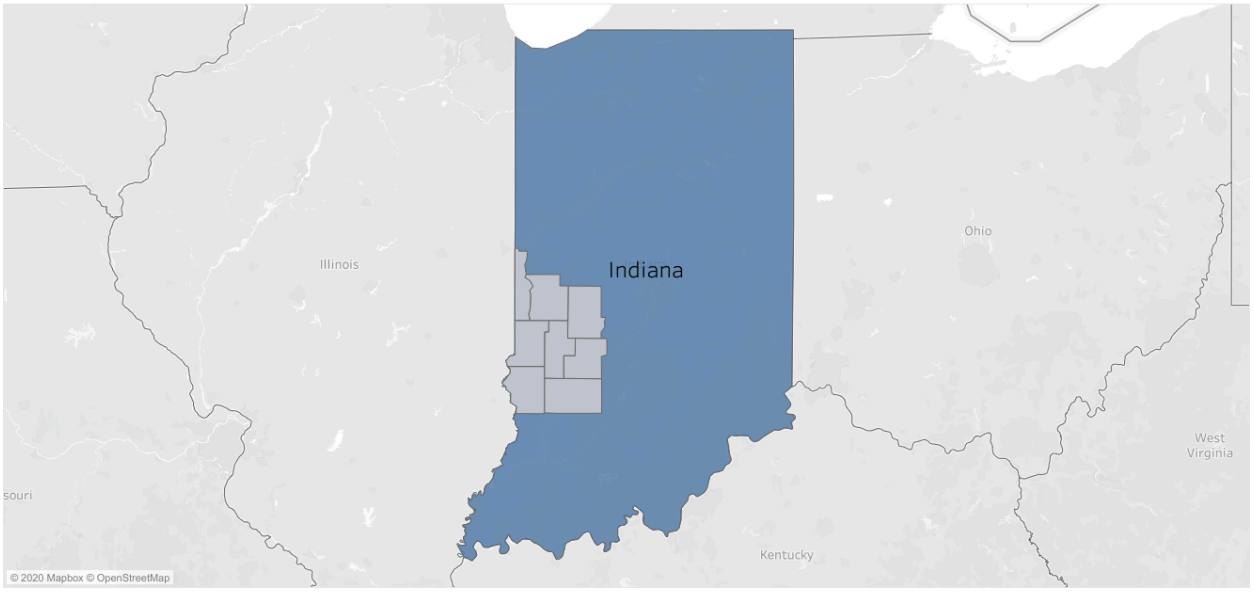
- Developing the capability to respond collectively
- Ensuring the coalition is prepared to respond
- Promoting improved patient outcomes during a disaster
- Creating a district prepared to recover from regional healthcare emergencies

District 7 Healthcare Coalition Boundaries

The State of Indiana, in conjunction with the Department of Homeland Security, have created 10 Homeland Security Districts to encourage cooperation and teamwork at the regional level. The Indiana District 7 regional platform brings together multiple jurisdictions, disciplines, and agencies from 8 counties, to form an organizational structure to focus on common strategic goals and objectives.

The Indiana District 7 Healthcare Coalition utilizes the same jurisdictional region despite the fact that numerous corporate healthcare organizations have other health systems outside of the geographical region and many participate in healthcare referral patterns that are also outside the geographical region. The District 7 Healthcare Coalition had a diverse core membership comprised of 7 participating hospital systems, 8 county health departments, 8 emergency management agencies, and numerous emergency medical services.

Indiana District 7

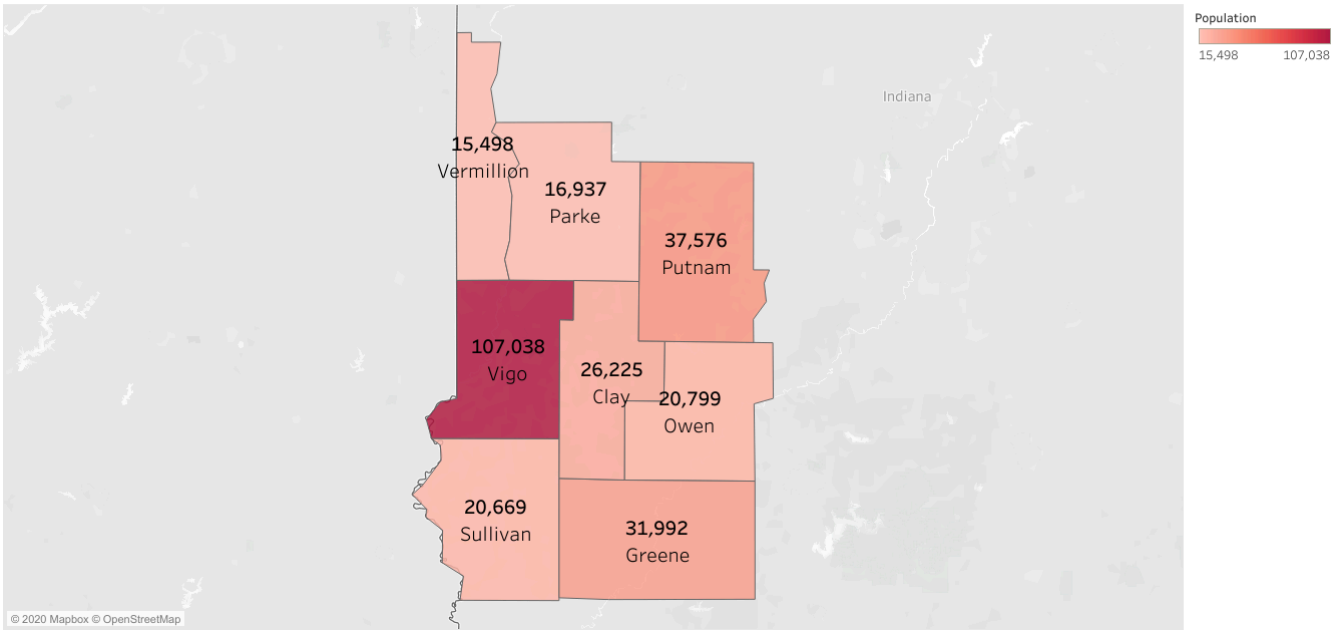


The population of the eight counties included in the Indiana District 7 Healthcare Coalition is:

Population (2019) [1]	
District 7	**276,734**
Clay	26,225
Greene	31,992
Owen	20,799
Parke	16,937
Putnam	37,576
Sullivan	20,669
Vermillion	15,498
Vigo	107,038

[1] http://www.stats.indiana.edu/profiles

County Population (2019)



District 7 Healthcare Coalition Membership

The Indiana District 7 Healthcare Coalition consists of members that contribute to the planning, identification of gaps and mitigation strategies, operational planning and response, information sharing, and resource coordination and management. The District will collaborate with a variety of stakeholders to ensure the community has the necessary medical equipment and supplies, real- time information, communication systems, and trained educated health care personnel to respond to an emergency. The following members are essential in this effort:

- Hospitals
- Emergency Medical Services
- Emergency Management Agencies
- Public Health
- Long Term Care Providers
- Mental/Behavioral Providers
- Specialty Services Providers
- Support Service Providers
- Non-Governmental Organizations
- Schools/Universities

The Indiana District 7 Healthcare Coalition consists of a variety of healthcare organizations and membership. A full list of participating organization and members can be found in *Appendix A – Healthcare Organizations and Coalition Members*. In general, membership is consistent with the following ASPR

requirements.

District 7 Healthcare Coalition Core Members

District 7 Healthcare Coalition must ensure the following core membership.

- Hospitals
- Emergency Medical Services
- Emergency Management Agencies
- Public Health

District 7 Healthcare Coalition Ancillary Members

Additional Ancillary District 7 Healthcare Coalition members may include, but are not limited to, the following:

- Behavioral health services and organizations
- Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
- Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded end- stage renal disease (ESRD) networks
- Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health Service facilities, military treatment facilities)
- Home health agencies (including home and community-based services)
- Infrastructure companies (e.g., utility and communication companies)
- Jurisdictional partners, including cities, counties, and tribes
- Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
- Local public safety agencies (e.g., law enforcement and fire services)
- Medical and device manufacturers and distributors
- Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
- Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health

Centers (FQHCs), urgent care centers, freestanding emergency rooms, stand-alone surgery centers)
- Primary care providers, including pediatric and women's health care providers
- Schools and universities, including academic medical centers
- Skilled nursing, nursing, and long-term care facilities
- Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)
- Other (e.g., child-care services, dental clinics, social work services, faith-based organizations)
- Medical examiners/ coroners and funeral homes
- Agency/facility public information specialists

Specialty patient referral centers (e.g., pediatric, burn, trauma, and psychiatric centers) should ideally be Healthcare Coalition members within the District 7 geographic boundary. They may also serve as referral centers to other HCCs where that specialty care does not exist. In such cases, referral centers' support of HCC planning, exercises, and response activities can be mutually beneficial, and their liaison role should be documented.

District 7 Healthcare Coalition Organizational Structure and Governance

The Indiana District 7 Healthcare Coalition organizational structure and governance can be found in Appendix B – Healthcare Coalition Bylaws. This Appendix documents the HCC structure and processes to execute activities related to health care readiness and coordination. The elements of governance include organizational structures, roles and responsibilities, mechanisms to develop priorities, provide guidance and direction, funding management, and processes to ensure integration of planning and exercises with the ESF-8 lead agency (local and state).

The Indiana District 7 Healthcare Coalition bylaws additionally include the following information related to its governance:

- HCC membership
- An organizational structure to support HCC activities, including executive and general committees, election or appointment processes, and any necessary administrative rules and operational functions (e.g., bylaws, decision-making)

- Member guidelines for participation and engagement that consider each member and region's geography, resources, and other factors
- Policies and procedures, including processes for making changes, orders of succession, and delegations of authority
- HCC integration within existing state, local, and member-specific incident management structures and specified roles—such as a primary point of contact who serves as the liaison to the ESF-8 lead agency and EOCs during an emergency
- Development and use of mutual aid agreements and memorandums of agreement

Role of Leadership within Member Organizations

Core member organizations of the Indiana District 7 Healthcare Coalition will designate a representative and an alternative to ensure on-going participation within the Coalition. Representatives should:

- Be individuals with decision-making authority for their respective organization
- Attend scheduled meetings or designate their alternate to attend
- Demonstrate active participation in Coalition education, training, and exercise opportunities
- Share ideas and recommendations
- Coordinate and collaborate with his/her organization
- Educate and inform member organizations on Coalition activities
- Support Coalition members during a disaster

District 7 Healthcare Coalition Executive Committee

The District 7 Healthcare Coalition representative shall be chosen from General or Sub-Committee representatives as appropriate and consist of 3 members representing Hospitals and 1 member from Public Health, Emergency Management, Emergency Medical Service and At-Large Members. The Executive Committee will each have one vote on all matters including, but not limited to, Healthcare Coalition funding, planning, operations, resource allocation, and strategic goals and objectives. The Executive Committee shall consist of Chair, Vice-Chair, and Secretary.

District 7 Healthcare Coalition Orders of Succession

In the event of succession, the following shall be used:

1. D7 Executive Board Chair
2. Vice Chair

3. Secretary
4. Executive Board Members
5. Healthcare Coalition Readiness & Response Coordinator
6. Other Committee Representative

Each General, Sub, and Special Committee shall designate one backup person for continuity in the event of an emergency.

District 7 Healthcare Coalition Risk

A healthcare system HVA is a systematic approach to identifying hazards or risks that are most likely to have an impact on the demand for health care services or the health care delivery system's ability to provide these services. This annual assessment may also include estimates of potential injured or ill survivors, fatalities, and post-emergency community needs based on the identified risks. Refer to *Appendix B – Healthcare Coalition Hazard Vulnerability Analysis.*

District 7 Healthcare Coalition Gap Analysis

This section requires completion of the ASPR Tracie Healthcare Coalition Resource and Gap Analysis. District 7 Healthcare Coalition core members shall complete the Resource and Gap Analysis annually as part of the participation agreement. Each membership type will identify gaps that may include a lack of, or inadequate, plans or procedures, staff, equipment, supplies, skills, and expertise, services, or any other resources required to respond to an emergency.

Ancillary members will also be highly encouraged to organize their respective partner sub-type to complete the Resource and Gap Analysis annually as part of developing the healthcare coalition strategic plan. Each Ancillary membership type will identify gaps that may include a lack of, or inadequate, plans or procedures, staff, equipment, supplies, skills, and expertise, services, or any other resources required to respond to an emergency.

The District 7 Healthcare Coalition will complete the Resource and Gap Analysis annually as part of the annual District Hazardous Vulnerability Assessment. The analysis will then be compiled by the D7 HCC Readiness and Response Manager into an HCC analysis for use during the development of the strategic plan.

Many assets and plans listed on the analysis are for community resource awareness and planning and are not tied to Coalition responsibilities under the Hospital Preparedness Program Cooperative Agreement. The presence of an item on the template does not imply the accountability of the healthcare coalition to correct a specific deficiency, particularly when that deficiency exists at a facility or agency level. However, it should at minimum, generate discussion about how the deficiency can be addressed or mitigated.

Since our coalition has numerous core member organizations, the goal of the analysis is not to evaluate each agency/facility plan, but to ensure adequate number of discipline stakeholders agree on a consensus ranking for work remaining based on the overall level of comfort with the plans/assets in place. Refer to *Appendix B – Healthcare Coalition Hazard Vulnerability Analysis.*

The Indiana District 7 Healthcare Coalition shall prioritize gaps based on consensus and determine mitigation strategies based on the time, materials, and resources necessary to address and close gaps. Gaps may be addressed through coordination, planning, training, or resource acquisition. The District 7 Healthcare Coalition shall focus its time and resource investments on closing those gaps that affect the care of acutely ill and injured patients.
Certain response activities may require external support or intervention, as emergencies may exceed the preparedness thresholds of the Healthcare Coalition, its members, and the community. During the prioritization process, the District 7 Healthcare Coalition shall plan to access and integrate external partners and resources (the local process for ESF-8 to request additional resources from federal, state, and/or local sources) as a key part of gap closure.
Refer to *Appendix B – Healthcare Coalition Hazard Vulnerability Analysis.*

Compliance Requirements and Legal Authorities

Federal laws and legal authorities address a variety of concerns central to the public health emergencies, such as emergency declarations, quarantine and isolation, liability and licensure of workers, and mutual aid, among others. The District 7 Healthcare Coalition is informed/governed by numerous federal legal authorities that identify regulatory compliance requirements that are applicable to day-to-day operations and may affect planning for, responding to, and recovering from emergencies. A detailed list is included in *Appendix E - Selected Federal Legal Authorities*.

CMS Emergency Preparedness Rule

Published September 16, 2016 with implementation date November 15, 2017, the CMS Emergency Preparedness Rule applies to the following 17 Providers/Suppliers:

1. Hospitals
2. Religious Nonmedical Health Care Institutions
3. Ambulatory Surgical Centers
4. Hospices
5. Psychiatric Residential Treatment Facilities
6. All-Inclusive Care for the Elderly
7. Transplant Centers
8. Long-Term Care (LTC) Facilities
9. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
10. Home Health Agencies (HHAs)
11. Comprehensive Outpatient Rehabilitation Facilities (CORFs)
12. Critical Access Hospitals (CAHs)

13. Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
14. Community Mental Health Centers (CMHCs)
15. Organ Procurement Organizations (OPOs)
16. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
17. End-Stage Renal Disease (ESRD) Facilities

CMS Emergency Preparedness Rule Provisions

The CMS Preparedness Rule consists of Four Provisions:

Risk Assessment and Planning

- Develop an emergency plan based on a risk assessment.
- Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities.
- Update emergency plan at least annually.

Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment.
- Policies and procedures must address a range of issues including subsistence needs, evacuation plans, and procedures for sheltering in place, tracking patients and staff during an emergency.
- Review and update policies and procedures at least annually.

Communications Plan

- Develop a communication plan that complies with both Federal and State laws.
- Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.
- Review and update plan annually.

Training and Testing Program

- Develop and maintain training and testing programs, including initial training in policies and procedures.
- Demonstrate knowledge of emergency procedures and provide training at least annually.
- Conduct drills and exercises to test the emergency plan.

Source: CMS General Presentation Overview (2017) https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/General-Presentation-Overview-EP- .pptx

See *Appendix E – Selected Federal Legal Authorities* for a list of commonly referenced Federal statutes for Public Health and Healthcare preparedness and response.

District 7 Healthcare Coalition Objectives

Coalition objectives are based upon strategic and operational priorities for the HCC and established based on the results from the risk and gap analysis. The following sections will include preparedness activities that include:

- Defined priorities for the plan and how they address gaps
- Short-term and long-term objectives that support the priorities- these can be supporting objectives associated with each overarching coalition objective
- Support for the objectives
- Foster effective information sharing with HCC members and timely and effective messaging to the public.

Maintenance and Sustainability of the District 7 Healthcare Coalition

The District 7 Healthcare Coalition has a duty to plan for a full range of emergencies; both planned and unplanned events that could affect the community. For this reason, it is vital that every core member and Ancillary member organization understands the value of healthcare and medical readiness; to be prepared to promote the value of participation in the healthcare coalition. Each core member and Ancillary member organization has a responsibility to articulate the coalition mission, including the coalition's role in community preparedness that provides both direct and indirect benefits to the coalition region. Finally, each member shares the responsibility to ensure that the District 7 Healthcare Coalition has visibility to the community into the activities of the coalition.

Value/Benefit of Participation

- Maintaining a strong networked relationship with the other healthcare entities and emergency preparedness officials throughout District 7 and the State of Indiana
- Streamlined information and resource sharing capability
- Participation in regional risk and hazardous vulnerability assessments
- Participation in an integrated health system focused on emergency planning and preparedness.
- Access to healthcare intelligence, surveillance, and improved situational awareness with evolving incidents in the District and State
- Access to healthcare intelligence, surveillance, and improved situational awareness with evolving incidents in the District and State
- Improved communication coordination and mass alerting capability
- Access to coordinated regional capabilities that lead to better outcomes for patients and staff
- Access to educational opportunities for member organizational staff to obtain preparedness education and certifications
- Enhanced visibility within the community promoting whole community preparedness.

Promotion of Sustainability

The Indiana District 7 Healthcare Coalition has a variety of ways to promote greater community effectiveness and organizational and financial sustainability. The core and Ancillary membership organizations will promote sustainability through the utilization of the following strategies:

- Tracking in-kind donation of time
- Explore ways to meet individual members' requirements for tax exemption
- Analyze critical functions to preserve and identify financial opportunities beyond federal funding (foundations, private funding, dues, and training fees)
- Determine ways to cost share (required exercise coordinated with LPHA, OEM. Hospital and others
- Incorporate leadership succession planning into HCC governance and structure
- Leverage group buying power to obtain consistent equipment across the coalition and allow sharing of resources.

Sharing Leading Practices and Lessons Learned

The Indiana District 7 Healthcare Coalition is expected to share leading practices and lessons learned amongst its membership and other coalitions in the State of Indiana. In an effort to improve coordinated efforts, the Healthcare Coalition will share leading practices and lessons after the following:

- Coordinated Functional and/or Full-Scale Exercises through after-action reporting and improvement plans
- Real-world incidents involving members of the District 7 Healthcare Coalition and/or the activation of the District 7 Healthcare Coalition
- After any training event or attendance to specific training where a member or member(s) obtained relevant information to a leading practice/lesson learned or obtained information through a learning environment to assist the coalition in the sustainment of the organization.

District 7 Healthcare Coalition Engagement of Partners and Stakeholders

This section addresses the strategy the District 7 Healthcare Coalition utilizes for engaging partners and stakeholders.

Healthcare Executives

The District 7 Healthcare Coalition will engage healthcare executives primarily through the required signature on the annual participation of agreement. Core member and Ancillary member organization representatives shall provide healthcare executives with updates on HCC activities and progress and shall provide executives with continued benefits of HCC participation as follows:

- HCC participation helps meet regulatory and accreditation requirements
- HCC participation enhances purchasing power (bulk purchasing)
- HCC participation promotes access to clinical and non-clinical expertise
- HCC participation promotes networking among peers and sharing leading practices/lessons learned

- HCC participation assists in developing interdependent relationships
- HCC participation addresses community needs and meets requirements for tax exemption through community benefit.

Clinicians

The District 7 Healthcare Coalition member organization representative(s) will engage their clinicians by:

- Requesting input, acknowledgement, and approvals regarding strategic and operational planning
- Include clinicians from their organization in regular HCC activities and promote their participation in HCC education, response, and exercises
- Promote clinicians with relevant expertise to lead provider training for assessing and treating various types of illnesses and injuries.

Community Leaders

In efforts to be consistent with the whole community approach to preparedness, the District 7 Healthcare Coalition member representatives shall be prepared to identify and engage community members, businesses, charitable organizations, and media in healthcare preparedness planning and exercises to promote resilience of the entire community.

The District 7 Healthcare Coalition will assist in engagement of the at-risk/special populations by:

- Assisting Local Public Health Agencies (LPHA) with situational awareness/IT tools they can use to identify special populations through EmPower and ASTDR social vulnerability maps
- Support LPHA in developing/augmenting existing response plans for vulnerable populations, including mechanisms for family reunification
- Identification of potential healthcare delivery system support for at-risk and/or special populations
- Coordination with the ESF-8 local lead to assess medical transport needs.
- Coordination with ESF-8 local lead/veteran affairs to identify veterans in each local and district region.

District 7 Healthcare Coalition Workplan

District 7 Healthcare Coalition Policy Development and Process

District 7 Healthcare Coalition Primary Member Roles

Gather data regarding core and Ancillary members and potential partner in the District, survey coalition members for requirements and needs, develop policies and processes for creation of procedures and guidelines.

District 7 Healthcare Coalition Ancillary Member Roles

Support the work of the primary members, provide overarching guidance when needed, educate coalition partners of work and request cooperation.

District 7 Healthcare Coalition Proposed Outputs

Create resource lists, opportunities for growth, identify gaps in current plans, revision of current plan, procedures and guidelines, and identify potential new partnerships within the District geography.

District 7 Healthcare Coalition Timelines

Timelines are in accordance with the annual Cooperative Agreement and deliverable schedule as provided by Assistant Secretary for Preparedness and Response and the Indiana Department of Health.

District 7 Healthcare Coalition Roles and Responsibilities of Committees/Work Groups in Developing Response Plans, Policies, and Procedures

District 7 Healthcare Coalition Primary Member Roles

Create, review, and present a plan and policy for discussion and approval to the Executive Board.

District 7 Healthcare Coalition Ancillary Member Roles

Response plan, communication plan, evacuation plan, shelter-in-place plan.

District 7 Healthcare Coalition Proposed Outputs

Create resource lists, opportunities for growth, identify gaps in current plans, revision of current plan, procedures and guidelines, and identify potential new partnerships within the District geography.

District 7 Healthcare Coalition Timelines

Timelines are in accordance with the annual Cooperative Agreement and deliverable schedule as provided by Assistant Secretary for Preparedness and Response and the Indiana Department of Health.

District 7 Healthcare Coalition Educational Material Development and Educational Presentation/Evaluation

District 7 Healthcare Coalition Primary Member Roles

Develop presentation materials for proposed website, and or coalition members to educate their executive leadership, clinicians, community leaders, and to special populations with access and functional needs.

District 7 Healthcare Coalition Ancillary Member Roles

Encourage cooperation and participation of all coalition members in the education process and approve materials for publication.

District 7 Healthcare Coalition Proposed Outputs

Educational documents and presentations to reinforce the benefits of participation, attract nee partners to the coalition and provide explanations of plans and procedures.

District 7 Healthcare Coalition Timelines

Timelines are in accordance with the annual Cooperative Agreement and deliverable schedule as provided by Assistant Secretary for Preparedness and Response and the Indiana Department of Health.

District 7 Healthcare Coalition Materials Research and Acquisition as Applicable

District 7 Healthcare Coalition Primary Member Roles

Create resource lists currently available in the District, suggest future acquisitions to cover gaps noted in the resource and gap analysis tool annually.

District 7 Healthcare Coalition Ancillary Member Roles

Assist with data mining involved in materials research and acquisition, support coalition members in developing a consensus with the resource and gap analysis tool, and educating community leaders, executives, and clinicians to support coalition representatives.

District 7 Healthcare Coalition Proposed Outputs

Coalition resource availability lists, aggregated gap analysis for future acquisition, and coordinated resource utilization plans.

District 7 Healthcare Coalition Timelines

Timelines are in accordance with the annual Cooperative Agreement and deliverable schedule as provided by Assistant Secretary for Preparedness and Response and the Indiana Department of Health.

District 7 Healthcare Coalition Evaluate Exercises and Responses to Emergencies

District 7 Healthcare Coalition Primary Member Roles

Decision making capability for utilizing vendors, plan coordinated exercises per the training and exercise plan, revise and review the training and exercise plan annually, create coordinated exercises/drills to include evaluators to observe and controllers to facilitate exercises.

District 7 Healthcare Coalition Ancillary Member Roles

Participate in exercises, provide feedback, and bring after action reports from exercises and real- world incidents to the coalition for approval.

District 7 Healthcare Coalition Proposed Outputs

Training and exercise plans annually, vendor produced and coalition produced exercises and drills, and after-action reports, and improvement plans for exercises and real-world incidents.

District 7 Healthcare Coalition Timelines

Timelines are in accordance with the annual Cooperative Agreement and deliverable schedule as provided by Assistant Secretary for Preparedness and Response and the Indiana Department of Health.

Indiana

DISTRICT 7

Healthcare Coalition

Preparedness Plan

Annex 1

Indiana

DISTRICT 7

Healthcare Coalition

Preparedness Plan

Annex 2

Indiana

DISTRICT 7

Healthcare Coalition

Preparedness Plan

Annex 3

Indiana

DISTRICT 7

Healthcare Coalition

Preparedness Plan

Appendix A

Indiana

DISTRICT 7

Healthcare Coalition

Preparedness Plan

Appendix B

Indiana

DISTRICT 7

Healthcare Coalition

Preparedness Plan

Appendix C

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Healthcare Coalition

Preparedness Plan

Appendix D

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Preparedness Plan

Appendix E