Central Minnesota Health Care Preparedness Coalition



Coalition Preparedness Plan

**DRAFT VERSION: 8.24.2020**

**This page left intentionally blank.**

Table of Contents

[I Introduction 1](#_Toc49502269)

[Purpose 1](#_Toc49502270)

[Scope 2](#_Toc49502271)

[Administrative Support 2](#_Toc49502272)

[II Central Minnesota Health Care Preparedness Coalition (CMHPC) 2](#_Toc49502273)

[Coalition Purpose 2](#_Toc49502274)

[Mission 2](#_Toc49502275)

[Coalition Boundaries and Demographics 3](#_Toc49502276)

[Planning Scope/Authority 3](#_Toc49502277)

[Coalition Membership 3](#_Toc49502278)

[Coalition Structure/Governance 4](#_Toc49502279)

[III Coalition Work Plan and Objectives 4](#_Toc49502280)

[Maintenance and Sustainability 4](#_Toc49502281)

[Engagement of Partners and Stakeholders 4](#_Toc49502282)

[Regional Health Care Preparedness Coordinator 5](#_Toc49502283)

[Advisory Committee 5](#_Toc49502284)

[Member Roles and Responsibilities 6](#_Toc49502285)

[Hospitals 6](#_Toc49502286)

[Public Health 7](#_Toc49502287)

[Emergency Management 7](#_Toc49502288)

[Other Health and Medical Coalition Members 7](#_Toc49502289)

[Fiscal Agent 8](#_Toc49502290)

[IV Hazard Vulnerability Assessment (HVA) 8](#_Toc49502291)

[Risks – Gaps and Mitigation Strategies 8](#_Toc49502292)

[V Communication Plan 11](#_Toc49502293)

[Essential Elements of Information 11](#_Toc49502294)

[Interoperable Communication Systems 12](#_Toc49502295)

[State communication systems 12](#_Toc49502296)

[Regional and local voice communication 13](#_Toc49502297)

[Regional and local two-way radio systems 13](#_Toc49502298)

[Electronic Communications include 13](#_Toc49502299)

[VI Access and Functional Needs Plan 14](#_Toc49502300)

[Access and Functional Needs Definitions 14](#_Toc49502301)

[Role of CMHPC 14](#_Toc49502302)

[AFN Planning Considerations 15](#_Toc49502303)

[AFN Resources 15](#_Toc49502304)

[VII Continuity of Operations Plan 15](#_Toc49502305)

[Essential Functions of the Health Care Systems 16](#_Toc49502306)

[Local Health Department 16](#_Toc49502307)

[Local Emergency Management/Emergency Operation Center 16](#_Toc49502308)

[CMHPC HMAC 17](#_Toc49502309)

[Access to Health Care Workforce 17](#_Toc49502310)

[Healthcare Organization 17](#_Toc49502311)

[Local Health Department 17](#_Toc49502312)

[Local Emergency Management Agency 17](#_Toc49502313)

[CMHPC HMAC 18](#_Toc49502314)

[Community/Facility Critical Infrastructure 18](#_Toc49502315)

[Health care Organization 18](#_Toc49502316)

[Local Health Department 18](#_Toc49502317)

[Local Emergency Management Agency/Emergency Operations Center 18](#_Toc49502318)

[CMHPC HMAC 19](#_Toc49502319)

[Health Care Supply Chain 19](#_Toc49502320)

[Healthcare Organization 19](#_Toc49502321)

[Local Health Departments 19](#_Toc49502322)

[Local Emergency Management Agency/Emergency Operations Center 19](#_Toc49502323)

[CMHPC HMAC 19](#_Toc49502324)

[Access to Transportation 20](#_Toc49502325)

[Health Care Organization 20](#_Toc49502326)

[Local Health Department 20](#_Toc49502327)

[Local Emergency Management Agency/Emergency Operations Center 20](#_Toc49502328)

[CMHPC HMAC 20](#_Toc49502329)

[Information Technology/Communications 21](#_Toc49502330)

[Health Care Organization 21](#_Toc49502331)

[Local Health Department 21](#_Toc49502332)

[Local Emergency Management Agency/Emergency Operations Center 21](#_Toc49502333)

[CMHPC HMAC 21](#_Toc49502334)

[Community/Facility Infrastructure 22](#_Toc49502335)

[Health care Organization 22](#_Toc49502336)

[Local Health Department 22](#_Toc49502337)

[Local Emergency Management Agency/Emergency Operations Center 22](#_Toc49502338)

[VIII Appendices and Resource Links 23](#_Toc49502339)

[A. Multi-Year Training and Exercise Plan 23](#_Toc49502340)

[B. Central and West Central Resource Library 23](#_Toc49502341)

[C. Minnesota Mobile Medical Team 23](#_Toc49502342)

[D. Public Health & Health Care Emergency Preparedness in Minnesota 23](#_Toc49502343)

[E. Regional Health Care Preparedness Consultants 23](#_Toc49502344)

[F. Public Health Preparedness Consultants (PHPC) 23](#_Toc49502345)

[G. Disaster Mental/Behavioral Health and Emergency Preparedness 23](#_Toc49502346)

# Introduction

***“Managing the aftermath of a disaster or crisis is extremely difficult and will have unpredictable results unless serious planning is done prior to the event and a simple but solid plan is activated immediately after the event.”***

 ***Response! Planning and Training for Emergency Recovery by*** ***Robert C. Huber***

Emergencies can occur from natural Incidents like tornados, flooding, ice storms, or man-made incidents that can include pandemics, facility failures, or acts of violence. Emergencies can create a surge of medical patients, requiring specialized treatments, or negatively impact the facilities and equipment needed to respond and provide public health and health care services.

The U.S. Department of Health and Human Services (HHS), through its Hospital Preparedness Program (HPP), provides states with grant funding to support health and health care emergency preparedness planning and response capabilities. The funding brings together health care facilities, local public health, emergency medical services, and emergency management for cross-agency emergency preparedness planning. There are eight coalitions in Minnesota that have organized to support building health care capabilities to:

* Increasing communication, information sharing, and effectiveness between multiple responding agencies.
* Assuring patients receive the appropriate level of care, at the right location, with the resources needed, during emergencies.
* Decreasing deaths, injuries, and illnesses that occur during a disaster.
* Promoting public health and health care delivery system resilience in the aftermath of emergencies.

## Purpose

The Central Minnesota Health Care Preparedness Coalition (CMHPC) Preparedness Plan helps guide the development of a multi-disciplinary approach to emergency health care preparedness planning for member agencies. The CMHPC includes: hospitals, long-term care, other health care providers, public health, emergency management, and EMS agencies located within the fourteen counties that comprise the Central Region Coalition. The Preparedness Plan will:

* Identify the coalition structure and roles for members for planning and emergency response and coordination.
* Increase multi-agency efficiencies for regional hazard and gap identification, communications, resource sharing, training, exercises, coalition sustainment and funding resources.
* Provide oversight and guidance for planning, implementation of strategies, guidance of financial resources and the execution of respective roles and responsibilities of the Central Minnesota Healthcare Preparedness Coalition.

The Preparedness Plan will also be a resource for coalition members and partners to assist with their emergency preparedness, and link to the coalition emergency response plan.

## Scope

The Preparedness Plan is reviewed annually and updated as needed. It supports the CMHPC response plan, and is not intended to replace or interfere with any agency’s operational plans, or jurisdiction’s emergency operations plans (EOP) authorized by state and local emergency management agencies.

## Administrative Support

This Preparedness Plan will be reviewed biennially, or as needed, by the CMHPC Advisory Committee following exercises and real-world events.

| **Date** | **Changes Made** | **Changes made by** | **Approved by** |
| --- | --- | --- | --- |
|  | Complete plan rewrite with Advisory Committee edits | Don Sheldrew, RHPC |  |

# Central Minnesota Health Care Preparedness Coalition (CMHPC)

The Central Minnesota Health Care Preparedness Coalition (CMHPC) was formed, in collaboration with emergency response and health care partners, to coordinate emergency preparedness response and recovery activities. It is a formal and voluntary collaboration among healthcare organizations, public, and private-sector partners to prepare and respond to emergent health events. The coalition plays a role in mitigation, preparedness, response and recovery.

## Coalition Purpose

The purpose of the CMHPC is to:

* Provide oversight and guidance for preparedness planning, implementation of strategies, and guidance of financial resources.
* Support multi-agency coordination during incidents that have regional implications.
* Monitor, review, and implement improvements consistent with national and statewide capabilities.
* Promote activities throughout the region through standardized practices, and integration with other response partners.
* Foster communication, information, and resource sharing during emergency planning and response.
* Identify and remedy gaps in the health care community’s ability to effectively respond to an incident through exercise and training.

Health care facilities can also request a copy of the Central Minnesota Health Care Preparedness Coalition (CMHPC) bylaws and memorandum of Understanding (MOU). The CMHPC MOU includes a process for member organizations to request the loan and process to return: pharmaceuticals, medical supplies, equipment, and staffing from coalition partners.

## Mission

The CMHPC serves our communities in collaboration with other partners to coordinate emergency preparedness, response, and recovery activities.

## Coalition Boundaries and Demographics

The Central Region is primarily an agriculture, industrial and lakes/tourist area. The CMHPC includes the counties of Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, Wright, and the Mille Lacs Band of Ojibwe tribal government.

The United States Census provides a website with information that cities, counties and health care preparedness coalitions may use to assist with their emergency preparedness planning. Demographic, social, and economic, and housing data can be found at: <https://www.census.gov/programs-surveys/acs/data.html>.

## Planning Scope/Authority

Both this Preparedness Plan and the Response Plan are designed as supporting tools and are not meant to replace or interfere with any organization’s emergency operations plans (EOP), or jurisdictional plans for the official command and control authorized by state and local emergency management agencies.

Minnesota Regional HealthCare Preparedness Coalitions have no specific legal authority. Each entity represented in the coalition has discipline specific authority, and during an emergency, will integrate that authority to support coordination and leverage planning and response according to the Memo of Understanding, Coalition bylaws, and consistent with their statutory authority including:

* MN State Statute - Chapter 12: Emergency Management
* Minnesota State Statute - Chapter 145A: Community Health Boards
* Minnesota State Statute – Chapter 145: Public Health Provisions
* EMSRB State Statute - Chapter 144E: Emergency Medical Services Regulatory Board
* EMSRB Rules - Chapter 4690: Ambulance Services
* Homeland Security and Emergency Management (HSEM) “MN Emergency Operations Plan”
* Centers for Medicare and Medical Services (CMS)
* Clinical Laboratory Improvement Amendments (CLIA)
* Health Insurance Portability and Accountability Act (HIPPA)
* Emergency Medical Treatment & Labor Act (EMTALA)
* Occupational Safety and Health Administration (OSHA)
* The Join Commission (TJC)
* Health Care Facilities Accreditation Program (HFAP)
* Local authority as embodied by ordinance, EOPs, or mutual agreements
* Voluntary agreements for regional coordination of health and medical response activities

For additional details regarding the coalition Memo of Understanding, By-laws, and other agreements, coalition members have access to the: [Central-West Central Health Care Coalitions Website](https://www.cwchealthcarecoalitions.org/).

## Coalition Membership

Primary membership in the CMHPC is reflective of the Healthcare Coalition (HCC) model proposed within federal guidance for an effective HCC response. Coalition members include a representative from each:

* Hospitals
* Local Emergency Management (EM) agencies
* Local and State Public Health
* Emergency medical Services (EMS)
* Long Term Care
* Tribal Government

Other coalition members may include partners from other related emergency response and health care providers. Active membership in the coalition is evidenced by written documents such as the signed bylaw and memorandums of understanding (MOU). A list of signed members is maintained on the coalition website.

##  Coalition Structure/Governance

The CMHPC is chaired by the Regional Health Care Preparedness Coordinator (RHPC). The CMHPC Bylaws and Memorandum of Understanding outline specific membership agreements for participation in the coalition, including:

* Responsibilities of member agency representatives.
* Agreement to works toward implementing emergency response activities recommended by the hospital preparedness grant, and CMHPC.
* Participation in education, training, and exercise opportunities.
* Provisions for mutual aid requests for supplies, pharmaceuticals, staffing support or medical equipment.
* Communication between member facilities during a response.
* Procedures for use of coalition equipment and supplies.
* Support for partner agencies during evacuation or shelter-in-place.

# Coalition Work Plan and Objectives

The CMHPC develops objectives through use of work groups as needed. Groups charged with:

* Exercise planning
* Patient tracking
* Budget
* Coalition plan development and review
* Sustainability

After receiving high level planning objectives from ASPR and MDH, the coalition members work together to develop their annual work plan and objectives that support the ongoing emergency preparedness functions within the region.

## Maintenance and Sustainability

The CMHPC is supported financially through the Health Care Preparedness Program (HPP) under the Office of Assistant Secretary for Preparedness and Response (ASPR). The coalition members recognize the value of the preparedness activities and are investigating means to sustain coalition activities should the ASPR funding decrease or end. Sustainability activities include in-kind donations of storage services, information sharing, training and exercise resources, and other activities not covered by the HPP grant.

## Engagement of Partners and Stakeholders

The coalition membership has a broad base of health and health care provider representation and all have a vested interest in developing methods to quickly respond to increased health care needs during a variety of planned and unplanned events that disrupt normal health care operations. Simply by maintaining ongoing communications between the partner agencies allows for networking and resource management that improve common medical practices and health care services. During the 2020 COVID-19 response, health care providers met frequently to discuss best practices for protecting and treating patients, distribution of scarce resources, and methods to protect their health care workers.

Specific communication groups that developed regionally and at the state level to better respond to a number of health incidents, including COVID-19, include:

* Hospital Executives
* Long-Term Care (LTC)
* Regional Health Care Multi-Agency Communication (HMAC) group which included representation from Emergency Management, EMS, Public Health, and hospitals
* Clinician update and treatment review sessions

## Regional Health Care Preparedness Coordinator

The Regional Health Care Preparedness Coordinator (RHPC) provides a planning, coordination, communication, and response function within the coalition. To support planning and coordination, the RHPC:

* Facilitates and organizes planning, training and exercises for the CMHPC. Refer to the Multi-Year Training and Exercise Plan (MYTEP).
* Provides a process to assess risks and hazards within the CMHPC and a platform for networking with preparedness and response partners across the state.
* Facilitates information sharing.
* Promotes efficient interface of CMHPC partners with jurisdictional authorities.

Following a notification of an event from an CMHPC member, partner, or other entity, the RHPC can activate Healthcare Multi-Agency Coordination (HMAC) to represent healthcare facilities and support the response. Regional Coordination helps improve response coordination by ensuring CMHPC partners have the information they need to adequately respond to major events. Response functions of the RHPC and the HMAC can include:

* Promote situational awareness and information sharing.
* Coordinate incident response actions among healthcare organizations and support incident management policies and priorities.
* Assist with coordination of patient transfers during a disaster.
* Interface with other healthcare organizations and jurisdictional partners.
* Support resource requests and receipt of assistance from local, Regional, State, and Federal authorities.

## Advisory Committee

The Advisory Committee is composed of a member of each of the coalition disciplines such as hospital, Long Term Care, Emergency Medical Services, Public Health, Emergency Management, and others. Membership from each discipline will select one person to represent their needs and concerns. Duties of the Advisory Committee include:

* Nominating a representative from a participating agency annually as chairperson.
* Supporting regional multi-agency coordination and response when activated.
* Overseeing grant duties in accordance with expected timelines for completion.
* Providing recommendation on allocation of grant funds.
* Participating in decisions as needed regarding asset management and distribution, programmatic processes, etc.
* As additional potential membership groups are identified, the advisory committee will have the ability to add such as Access and Functional Needs (AFN), Faith Based, or split groups such as LTC into, Assisted Living (AL), Homecare and Hospice
* Assist in the review of plans and Hazard Vulnerability Assessment annually
* Act as the voting body for decision making
	+ The advisory committee will take back information to their respective groups for input but will cast a vote as needed for their group.
	+ Advisory members from other state agencies such as Regional Public Health and Regional Emergency Management will act in an ad hoc role and thus will have formal voting priviliges

## Member Roles and Responsibilities

Each supporting agency has signed a letter stating: Coalition members will support health and medical response and recovery to include, but not limited to:

* Providing regional coordination of planning, training and exercising for health and medical entities.
* Providing health and medical situational information to support a regionally coordinated response.
* Facilitating health and medical resource sharing through multi-discipline coordination.
* Addressing the appropriate capability targets as defined by emergency management, public health, emergency medical services and healthcare.
* Notify healthcare coalition members of an incident.
* Activate the response team physically or virtually to assist with coordination of response activities.
* Communicate with coalition members, local and state partners, and supporting organizations on incident status.
* Participate and support a Healthcare Multi-Agency Coordination (HMAC) system when activated.

 (EMS) agencies

All agencies use a common incident response plan for consistency of framework and terminology. Each EMS agency has an individual dispatch center for coordinating response and there is a Medical Resource Control Center (MRCC) that can support incident communications, notifications, as well as patient and hospital capacity tracking.

During a major incident, an EMS Multi-Agency Coordination Center (EMS MACC) may be established to support logistical and operational needs within the region. During a health incident, EMS agencies, or the Regional EMS Coordinator will consider the need to:

* Notify the RHPC of an incident and/or discuss activating the HMAC if needed.
* Communicate situational and resource awareness to the HMAC when requested.
* Coordinate efforts through an EMS MACC when needed.
* Help facilitate the delivery of health and medical services, personnel, and supplies within the region.
* Collaborate with healthcare facilities during the request, receipt and distribution of the strategic national stockpile (SNS) or other state/federal assets.
* Coordinate/activate and EMS Strike Team.
* Determine EMS asset needs.
* Obtain EMS Essential Elements of Information.
* Co-locate with the HMAC, if necessary, to facilitate coordination

### Hospitals

There are nineteen hospitals in the Central Region and each hospital is responsible for maintaining facility surge capacity plans. When the facility surge plans are exceeded, or if multiple hospitals are involved in a multi-casualty response, a twenty-four seven phone number can activate the Healthcare Multi-Agency Coordination (HMAC) that can provide situational awareness, virtual coordination through the Minnesota System for Tracking Resources, Alerts, and Communication (MNTrac). During a health incident, hospitals will consider the need to:

* Notify the RHPC of an incident and/or discuss activation of the RHPC.
* Discuss the need for the HMAC to activate physically or virtually to assist with coordination of response activities.
* Have the RHPC Response Team co-locate to facilitate coordination.
* Respond to any requests made by the coalition in a timely manner or as outlined by the coalition.
* Respond to MNTrac alerts and announcements, including participating in the MNTrac Command Center if activated/requested.
* Communicate with coalition members, local emergency management, and supporting organizations on incident status.
* Participate in the HMAC if activated.

### Public Health

There are twelve community health boards that provide community health services designed to protect and promote the health of the general population within the community. Each public health agency operates locally within their city or county emergency operations plan and will coordinate with other agencies, or regionally, if a public health incident occurs in multiple jurisdictions. During a health incident public health will consider the need to:

* Notify the RHPC of an incident and/or discuss activation of the HMAC.
* Notify other local and state partners, as necessary.
* Assist other public health in behavioral health support as needed.
* Collaborate with health and medical facilities during the request, receipt and distribution of the strategic national stockpile (SNS) or other regional/state/federal assets.
* Participate in the HMAC if activated.

### Emergency Management

Every city and county within region have an emergency manager responsible for preparing, responding, and recovering their jurisdiction from disasters. During a health incident, emergency managers will consider the need to:

* Notify the RHPC of an incident and/or discuss activation of the HMAC.
* Support area hospitals and other health care agency implementation of their emergency response plans for surge capacity.
* Collaborate with health and medical facilities during the request, receipt and distribution of the strategic national stockpile (SNS) or other state/federal assets.
* Support regional cooperation for health-related resource sharing and allocation
* Participate in the HMAC if activated

### Other Health and Medical Coalition Members

Long-term care, home health care, hospice, assisted living, and other centers for Medicare and Medicaid medical service (CMS) providers also provide the health and medical care within the community and region. Every licensed health care organization has federal requirements for disaster planning, and are identified in the overall regional health and medical response planning. Considerations for other health and medical agencies are to:

* Notify the RHPC of an incident and/or discuss activation of the HMAC if there is an incident that impacts their facility and the region.
* Support area healthcare facility’s implementation of their emergency response plans for surge capacity.
* Collaborate with public health and/or healthcare facilities during the request, receipt and distribution of the strategic national stockpile (SNS) or other state/federal assets.
* Participate in a HMAC if activated and requested.

 More detailed roles and responsibilities are identified in the individual coalition members’ emergency operational plans.

## Fiscal Agent

The fiscal agent for the CMHPC is St. Cloud Hospital. Fiscal agent responsibilities include:

* Accountable for the receiving and administering the funds received from ASPR through Minnesota Department of Health
* Comply with all laws, rules, and regulations within the ASPR grant.
* Maintain records of all reimbursements, and payments for services and grant activities performed.
* Process wages, social security benefit payments and deductions, tax payments and withholding, W-2 forms for the coalition staff.
* Through the human resources department, the fiscal agent is responsible for the hiring and dismissal of any coalition staff.
	+ When the coalition is hiring staff, members of the advisory committee will be asked to be a part of the interview process to ensure they have a voice in whom is hired.
	+ If there are any concerns regarding the coalition staff members, complaints or concerns can be vetted through the SCH human resources department.

For addition detail on the role of the fiscal agent, refer to the contract held by St. Cloud Hospital with the Minnesota Department of Health.

# Hazard Vulnerability Assessment (HVA)

The Central Minnesota Health Care Coalition (CMHPC) conduct an annual review of hazards and vulnerabilities and has identified the following vulnerabilities, threats to health care delivery, and conditions that could impact regional health care capabilities. The coalition then developed mitigation and response activities to help alleviate the identified risks.

## Risks – Gaps and Mitigation Strategies

The following chart identifies the health care vulnerabilities, threats to health care delivery, and conditions that could impact regional health care capabilities.

|  |
| --- |
| **Health Care Vulnerabilities** |
| **Natural** | **Manmade** | **Facility/Operations** |
| Weather Events | Chemical Spills/HazmatInfectious DiseaseTerrorismViolence | Mental HealthStaffingWaterCommunicationsPower OutagesSupply Shortages |
| **Threats to Health Care Delivery** |
| **Natural** | **Manmade** | **Facility/Operations** |
| WeatherFloodingNatural DisasterStraight Line WindsTornadoTemperature Extremes | Infectious DiseaseHazMat SpillsCMS and other Regulatory Rule Changes | Bed AvailabilityUtility OutageClosure of Critical Access HospitalsPharmaceutical and Supply Shortages |
| **Conditions that Impact Regional Health Care Delivery** |
| **Natural** | **Manmade** | **Facility/Operations** |
| WeatherMedical SurgeRegional Coordination and Training | CommunicationsSupply Chain Interruption | InfrastructureStaffing (shortage of)Support Services |

The CMHPC then identified mitigation and response activities. It is assumed that some of the impacts and mitigations strategies will relate to more than one identified hazard.

| **Impact/Conditions** | **Coalition Mitigation and Response Activities** |
| --- | --- |
| Weather | All weather events contain potential for similar impacts. Examples include transportation being impacted, staff being personally impacted, a medical surge being possible due to higher numbers of injured people, or infrastructure being unusable due to rising water or falling trees. Predicting the time and exact severity of an impact is difficult. Weather events require similar preparedness and response activities. Assessing these events together focuses on the coordination to provide healthcare rather than the specific impact a weather event may generate.* Regional communications and coordination to foster situational awareness during weather events.
* MOU’s for resource sharing
* Coordination of patient and staff movement to unaffected facilities
 |
| Communications | The totality of “communications” was identified as a vulnerability of the Central Region’s healthcare capability. Regional participants determined that communications failures could include internal and external exchange of information, technology systems used to facilitate exchange of information, processes for agencies or individuals to send or receiving information, notification procedures, or the communication devices and systems that leverage the technology and processes. People, processes, and devices each have potential to create a communication failure. In addition, the Information Technology (IT) is related to communication and encompasses internal and external IT systems. Electronic medical records, voice over IP telephones, and payment systems all rely on IT and internet systems. Mitigation strategies include:* A consistent 800 MHz radio training program and process for regular 800 MHz radio checks and practice.
* A platform, procedures and checklists exist to quickly obtain and communicate a common operating picture throughout the region.
* Conduct regular drills and exercises to exchange information using alternative methods of communication and information exchanges.
* Real-time testing of IT downtime procedures at facilities.
 |
| Infrastructure | The failure of any facilities infrastructure within the region creates a similar impact to the regional provision of healthcare. Participants defined “infrastructure” as water, power, fuel, and roads. Transportation impacts due to infrastructure may include: reduction or loss of air medical transport, limited transportation abilities, reduction or loss of medical transport, and reduction or loss of supply delivery.* Consistent process for disseminating provider status
* Methods for resource sharing to an impacted facility
 |
| Supply Chain Interruptions | The interruption of supplies to any regional healthcare providers generates an impact to the regional healthcare capability, regardless of the specific source of the interruption. Supply chain interruption can include pharmaceuticals, personal protection equipment, or any company the regional healthcare system relies on to continue operations.* Procedures for sharing resources among coalition members.
 |
| Staffing | Availability of healthcare staff may be impacted by a pandemic, weather events, and most risks. Staffing shortage can include professional, support, security, or impact services to the facility.* Individual facility COOP plans need to identify staffing resources and methods for maintaining minimal staffing during a continuity incident.
* Develop processes to quickly orient temporary staffing.
* Agreements to share staff within the region.
* Develop a regional resource list and staffing plan.
* Identify security firms within the region.
 |
| Support Services | Critical vendor support service providers can be impacted by the same vulnerabilities as health facilities.* Staffing planning as outlined for mitigating staffing shortages.
* Continuity of operations plans for support service operations to address priority of service, alternative vendors, supply resources, alternative work practices, and supply stockpiles.
* Develop regional agreements for patient transfer to non-impacted facilities when needed.
 |
| Coordination and Training | The vulnerability is when facilities lack plans to coordinate response and continuity of services during an incident. Also impacts when plans do exist but staff and key players are unaware of the plan and their role.* Mutual aid agreements, and memorandum of understanding (MOU).
* Training and practicing facility and regional response plans.
* Provide mechanisms to request and provide resources, including staffing
 |

# Communication Plan

The CMHPC has established a communication plan for the region that is aligned with the Minnesota Statewide Interoperable Communication Plan to provide:

* Coordinated, coalition-driven process to ensure interoperable communications strategies
* Information on available communication resources needed to assist the CMHPC during an incident
* Provide a mechanism to request and provide for sharing of assets within the Central Region, and between its partners.

The CMHPC Response plan provides specific communication pathways and procedures for response communications during an incident.

## Essential Elements of Information

A complete list of CMHPC’s Essential List of Information is located in the coalition response plan. Sharing information among Regional partners is important to coordination of the response. Types of information that would be shared include:

* Facility operating status
* Facility structural integrity
* The status of evacuations/shelter in-place operations
* Critical medical services (e.g., trauma, critical care)
* Critical infrastructure status (e.g., electric, water, sanitation, heating, ventilation, and air conditioning)
* Critical healthcare delivery status (e.g., surge status, bed status, deaths, medical and pharmaceutical supplies, and medical equipment)
* Staffing status
* Emergency Medical Services (EMS) status involving patient transport, tracking, and availability;

And other information as applicable or determined through coordination. The legal, statutory, privacy and intellectual property considerations is protected to the extent possible during any real-world response.

Coordination of state, regional, and local partners is depicted in the graph below.



## Interoperable Communication Systems

### State communication systems

* Health Alert Network - The Health Alert Network (HAN) is a statewide system for rapid and broad dissemination of information of a developing condition, event or other crucial health information. Each public health agency, after receiving a HAN message from MDH, forwards the message to appropriate local contacts including behavioral health contacts. Hospitals also receive Health Alerts. All appropriate contacts should receive the health alert within one hour and health advisories in 24 hours. Local HANs are tested to determine the rapidity with which partners can receive messages and respond. The goal is for 100% response within 2 hours.
* MDH Workspace and SharePoint - The MDH Workspace and SharePoint are password protected Web portals to information, technology tools, messaging capabilities, and sensitive document posting. MDH uses these tools to end messages, collect data, and generate reports when needed.
* Minnesota system for Tracking Resources, Alerts and Communication (MNTrac) - MNTrac is a database-driven web application intended as a statewide communication solution. This system has been specifically designed to track beds, pharmaceutical, and resource availability from all designated facilities within the state as well as providing for allocation of these resources to support surge capacity needs. Hospital bed diversion status, emergency event planning, emergency chat, and alert notifications are supported in real time. Information is aggregated from all facilities and can be imported to other systems and agencies to improve communications and share pertinent information. Standard and ad hoc reports can also be generated to turn data into useful information.
* Satellite Phones - The MDH District Office maintains satellite phone which is used by the regional PHPC and/or district office staff.

### Regional and local voice communication

* Cellular Telephone - The Central Region’s RHPC has cellular telephones from several different cellular providers which allows for better statewide coverage in the case of an event or response.
* Conference Call - The Central Region maintains a conference call line through WebEx audio conference solutions. The audio conference system is available 24/7 and is accessible from any location with a phone.
* Government Emergency Telecommunications Service (GETS) - GETS can be accessed if there is a dial-tone. GETS can be for long distance calls or during times of local system congestion and damage. All regional coalition partners are encouraged to obtain a GETS card.
* Wireless Priority Service (WPS) -WPS is the wireless complement to GETS. Calls are queued for the next available radio channel by calling \*272. Currently, WPS is available in Minnesota through Cingular, Nextel, Sprint, T-Mobile, and Verizon. All regional coalition partners are encouraged to sign up for a WPS with their wireless provider.
* Plain Old Telephone System (POTS) - POTS telephones remain a crucial communications portal. POTS are fixed numbers that can be forwarded to cellular devises which allows staff to be mobile but using a fixed telephone number. Central Region RHPCs maintain a current list of coalition partner POTS telephone numbers.

### Regional and local two-way radio systems

* “ARMER” 800 MHz Radio System - The Allied Radio Matrix for Emergency Response (ARMER) is basis of Minnesota’s strategy for public safety communication interoperability. The ARMER plan provides all public safety / service entities a shared platform to provide for interoperability. All Central Hospitals have both a base station, several handhelds, and the CMHPC maintains a cache of 800 MHz Radios and a dedicated Central Region Talk Group.
* HAM Radios -HAM radio can serve multiple purposes within a hospital or health department. The most obvious function is for HAM radio to be used to communicate with emergency responders outside the hospital. The Central Region’s HAM operators link county EOCs, hospitals and public health agencies in the Central region.
* VHF Radio System – There are 20 handheld radios that utilize 6 channels with an estimated 2-5-mile range. These assets are to be distributed to Central Coalition Partners as an independent system available when all other radio systems are down.

### Electronic Communications include

* FAX - Access to three portable systems which allows for portable as well as redundant backup for document/information transmittal.
* E-Mail - The RHPCs maintain individual and group e-mail lists of all coalition partners who will allow for a timely dissemination of information in daily operations as well as during an event and/or response.
* Electronic Document Portability - Three portable systems which allows for portable as well as redundant backup for document/information transmittal via e-mail attachments as well as document storage and uploads to cloud or server-based storage sites.
* Regional Website (<https://www.cwchealthcarecoalitions.org/>) - A regional website is available to the public. This is to allow the public to obtain current regional information in a timely manner. Registered coalition partners have additional access to more secure and pertinent coalition information.
* Wireless Cellular Internet Systems - Three Wireless Cellular Internet Systems to provide for wireless internet systems in the ACS, Region offices, and other essential areas of operation where critical electronic information transmission and reception is needed.
* WebEx - To facilitate regional meetings or coordination needs.
* Survey Monkey - To easily and electronically gather information from the CMHPC members. This survey could be replaced by a phone call or email to gather the information.
* MNTrac - MNTrac can also be used independently of MDH activation. MNTrac alerts and coordination rooms can be activated by RHPC or HMAC personnel.

# Access and Functional Needs Plan

This section outlines the role of the Central Minnesota Healthcare Preparedness Coalition (CMHPC) in response to an event that includes Access and Functional Needs (AFN) populations. It also provides guidance to the CMHPC members and partners for their planning purposes.

## Access and Functional Needs Definitions

At-Risk individuals are people with access and functional needs that may interfere with their ability to access or receive medical care before, during, or after a disaster or emergency. Irrespective of specific diagnosis, status, or label, the term “access and functional needs” is a broad set of common, crosscutting, access, and function-based needs.

* Access-based needs require ensuring that resources are accessible to all individuals, such as social services, accommodations, information, transportation, medications to maintain health, and so on.
* Function-based needs refer to restrictions or limitations an individual may have that requires assistance before, during, and/or after a disaster or public health emergency.
* Included in this group are people who are physically or mentally disabled (e.g. blind, deaf, hard of hearing, have learning disabilities, mental illness or mobility limitations), people with limited English language skills, geographically or culturally isolated people, homeless people, senior citizens, and children.

Special Medical Needs: A persons with Special Medical Needs includes someone who:

* Would need assistance during evacuation and sheltering because of physical or mental disabilities.
* Requires the level of care and resources beyond the basic first aid level of care that is available in the shelters for the general populations.

### Role of CMHPC

Local Emergency Management and Local Public Health are primarily responsible for Mass Sheltering plans, which include At-Risk Individuals, Access and Functional Needs, and Special Medical Needs. Healthcare facilities may be asked to assist with certain medical needs that may not be available in a shelter environment. Mass Sheltering Operations will occur in accordance with local Emergency Operations Plans (EOPs). Refer to local EOPs for reference.

* The CMHPC will assist in providing information and resources in the pre-planning, response, and recovery as needed in order to help lessen the impact especially during response and recovery.
* The Central Region HMAC may be activated to assist with the response. See CMHPC Response Plan.

### AFN Planning Considerations

CMHPC considerations for access and functional needs planning may include:

* Working with entities within the healthcare agency who interact with people who have a healthcare need that extends outside the agency. Examples may include those who are on or need oxygen, dialysis, infusions, or other medical device, medication, or assistance routinely causing them to interact with a healthcare entity.
* Asking individual sections within a healthcare organization to discuss with patients how to manage during a crisis if access to a healthcare agency may be in jeopardy.
* Pre-identifying patients considered at risk, if access to healthcare or services are in jeopardy. This planning could take the form of prioritizing patients that need more immediate access than others. Working with other local disaster personnel could assure persons whom are considered more in need are accounted for in a timelier manner during crisis settings.
* Preparing to accept patients during crisis that would otherwise be considered outpatients due to a lack of items such as oxygen, electricity, and other medical items needed to deliver medications or functions that were curtailed at home due to the crisis variables.
* Consideration for medical surge during crisis events not only for those directly injured, but also for patients who have exacerbations of medical conditions or who are in need of medical supplies, medicines, or device otherwise not planned on but created by the crisis event.
* Increasing needs for staffing, equipment and supplies.

### AFN Resources

During a disaster, it has been observed that certain at-risk individuals, specifically those with access and functional needs, have required additional response assistance before, during, and after an incident. These additional considerations for at-risk individuals with access and functional needs are vital towards inclusive planning for the whole community, and have been mandated for inclusion in federal, state, territorial, tribal, and local public health emergency plans by the Public Health Service (PHS) Act. Such plans must also meet applicable requirements of the Americans with Disabilities Act (ADA).

The CDC guidance will introduce and connect you to available resources and inclusive strategies for integrating the access and functional needs of at-risk individuals into emergency preparedness, response, and recovery planning at all jurisdictional levels.

<http://www.phe.gov/Preparedness/planning/abc/Pages/afn-guidance.aspx>

# Continuity of Operations Plan

The goal CMHPC Continuity of Operation Planning (COOP) is to provide information to support health and healthcare system continuity of operations and recovery facility planning. CMHPC members and partner agencies carry out health and medical response and recovery activities within the parameters of statutory authority, jurisdictional Emergency Operations Plans, mutual aid agreements, and MOU’s and other operational agreements.

## Essential Functions of the Health Care Systems

Critical functions that will sustain all essential services of a healthcare system include a fully functioning:

* Ability to deploy a credentialed health workforce to support healthcare service delivery in all environments.
* Critical community/facility infrastructure including power, water, and sanitation, etc., to support patient care environments.
* Access to the healthcare supply chain including medical & non-medical supplies, pharmaceuticals, blood products, industrial fuels and medical gases, food etc.
* Medical and non-medical transportation system that can meet the operational needs of the healthcare sector.
* Information technology and communications infrastructure.
* Administrative and financial capability including maintaining & updating patient records, adapting to disaster recovery program requirements, payroll continuity, supply chain financing, claims submission, losses covered by insurance and legal issues.

### Local Health Department

Essential supporting activities for local public health, in collaboration with partners includes:

* Document short-term and long-term health service delivery priorities and goals; and determine which are the responsibility of public health
* Partner with local emergency management, health care, and social services to ensure the jurisdiction can provide health services needed to recover from a physical or mental/behavioral injury, illness, or exposure sustained as a result of the incident, with particular attention to the functional needs of the at-risk population.
* Inform the community of the availability of mental/behavioral, psychological first aid, and medical services within the community.

### Local Emergency Management/Emergency Operation Center

Essential supporting activities for local emergency management include:

* Operate local emergency operation center
* Coordinate with local response partners
* Coordinate with State Duty Officer/State Emergency Operations Center to request non-medical transportation assets.
* Declare local state of emergency as a prerequisite for disaster aid, if applicable
* Liaison with State of Minnesota Emergency Operations Center
* Collect, compile and maintain reimbursement data.

### CMHPC HMAC

Essential supporting activities for CMHPC include:

* Collect situational assessment data from coalition members on their ability to provide patient care.
* Aggregate individual facility data to generate coalition health care service delivery situational report.
* Disseminate health care service delivery data to local and state authorities.
* Assist local health care coalition partners in obtaining/securing resources, as available.
* Assist coalition partners in returning to full operational status.

## Access to Health Care Workforce

### Healthcare Organization

Essential Supporting Activities for health care facilities include:

* Identify medical and nonmedical staffing shortages during response and continuity operations.
* Recall additional staff incrementally to assist in disaster continuity operations.
* Obtain initial personnel support through their own health care system and other health care partner agreements which may include utilizing the CMHPC HMAC.
* Disseminate reports of organization’s staffing shortages to CMHPC HMAC.
* Coordinate with local health department/Medical Reserve Corps to supplement medical & non-medical personnel, if appropriate.

### Local Health Department

Essential Supporting Activities for local health departments include:

* Conduct local assessment of public health workforce shortage.
* Activate MN Responds volunteer plan as needed.
* Coordinate the assignment of public health agency volunteers to public health, medical, mental/behavioral health, and non-specialized tasks as directed by the incident.
* Refer spontaneous volunteers to jurisdictional EOC.
* Disseminate volunteer management situation reports emergency management and to state health authorities.
* Coordinate with partners to identify community resources that can support volunteer post-deployment medical screening, stress, and well-being assessment and, when requested or indicated, referral to medical and mental/behavioral health services.

### Local Emergency Management Agency

Supporting activitiesinclude:

* Establish a process to manage spontaneous volunteers.

### CMHPC HMAC

Essential Supporting Activities include:

* In collaboration with local partners, conduct health workforce shortage assessment within coalition boundaries.
* Coordinate with health care organizations to maximize medical & non-medical personnel support.
* Disseminate reports of regional staffing shortages to local emergency management/emergency operations center and Minnesota Department of Health, if applicable.

## Community/Facility Critical Infrastructure

### Health care Organization

Essential Supporting Activities include:

* Determine extent of disruption/loss/damage of facility critical infrastructure.
	+ Electrical System
	+ Water System
	+ Ventilation
	+ Fire Protection System
	+ Fuel Sources
	+ Medical Gas & Vacuum Systems
	+ IT/Communication Infrastructure
* Prioritize restoration efforts to meet the operational goals of health care service delivery.
* Disseminate reports of facility critical infrastructure disruption/loss/damage to local emergency management and to state health authorities.
* Notify the CMHPC HMAC of any situation reports regarding facility infrastructure concerns.
* Advocate for priority service resumption directly to local incident management/emergency operations center.

### Local Health Department

Essential Supporting Activities include:

* Determine local disruption of critical infrastructure that affects public health sector.
	+ Aggregate and disseminate reports of critical infrastructure disruption to local emergency management/EOC and state health authorities.
* Advocate for priority service resumption for public health facilities through continuity operations and recovery phase.
* Activate the public health COOP plan.
	+ Activate procedures to sustain essential services; identification of agency vital records (legal documents, payroll, staff assignments), alternate worksites, scalable work force reduction.
* Notify the CMHPC HMAC of any situation reports regarding community infrastructure concerns.

### Local Emergency Management Agency/Emergency Operations Center

Essential Supporting Activitiesinclude:

* Establish a process for intake of service requests, include disposition and resolution of service issues

### CMHPC HMAC

Essential Supporting Activities include:

* Determine local/region-wide disruption of critical infrastructure that affects the health care system.
* Aggregate reports of critical infrastructure disruption.
* Disseminate reports to Coalition partners, as appropriate.

## Health Care Supply Chain

### Healthcare Organization

Essential Supporting Activities include:

* Determine estimated shortfalls identified during the continuity event of needed supplies for the healthcare organization.
* Prioritize medical and non-medical supply items needed by healthcare organization through medical/surgical supply formularies.
* Redirect supplies already within the hospitals supply chain to areas first impacted.
* Activate pre-event supply orders with vendors.
* Disseminate health care organization supply chain disruption situation reports to local emergency management agency/emergency operations center and CMHPC HMAC.

### Local Health Departments

Essential Supporting Activities include:

* Determine local disruption of healthcare supply chain and determine priority medical and non-medical supply items needed.
* Allocate and distribute medical countermeasures, as needed. Notify the CMHPC HMAC of any situation reports regarding resource concerns.
* Coordinate with local emergency management agency/emergency operations center and Minnesota Department of Health for supply requests.
* Disseminate public health related supply chain disruption situation reports to local emergency management agency/emergency operations center and Minnesota Department of Health.

### Local Emergency Management Agency/Emergency Operations Center

Essential Supporting Activities include:

* Liaison with State of Minnesota Emergency Operations Center
* Conduct daily briefings to provide an Incident Action Plan
* Provide situational status briefings to State EOC

### CMHPC HMAC

 Essential Supporting Activities include:

* Determine region-wide disruption of health care supply chain.
* Determine specific medical and non-medical supply needs of health care partners.
* Facilitate disaster medical resource support for health care organizations with local emergency management agency/emergency operations center and Minnesota Department of Health, as applicable.
* Assist with coordinating private sector vendors on distribution and resumption of normal supply delivery.
* Disseminate health care supply chain disruption situation reports to local emergency management agency/emergency operations center Minnesota Department of Health, as applicable.

## Access to Transportation

### Health Care Organization

Essential Supporting Activities include:

* Determine additional medical/non-medical transportation needs to support response and continuity operations.
* Contact local PSAP/911 or may contact the CMHPC HMAC for assistance with medical transportation issues.
* Submit requests for non-medical transportation assistance to local emergency management agency/emergency operations center.
* Provide transportation assistance to staff that may need transportation to facility.

### Local Health Department

Essential Supporting Activities include:

* Determine local medical transportation needs for functional and access needs in the community.
* Coordinate with the local EOC to obtain transportation for functional and access needs in the community. Notify the CMHPC HMAC of any situation reports regarding transportation needs.

### Local Emergency Management Agency/Emergency Operations Center

Essential Supporting Activities include:

* Coordinate with State Duty Officer/State Emergency Operations Center to request non-medical transportation assets.
* Coordinate with the State Duty Office to request medical transportation support.
* Maintain mass transit system to facilitate movement of non-medical transportation of patients (ambulatory/out-patient, families, and medical personnel)

### CMHPC HMAC

Essential Supporting Activities include:

* Collecting medical transportation needs of health care organizations during response and continuity operations.
* In conjunction with the Central EMS representative or alternate, coordinate with EMS agencies to close gaps in medical transportation needs.
* Advocate for coalition partners’ medical transportation assistance.

## Information Technology/Communications

### Health Care Organization

Essential Supporting Activities include:

* Determine extent of disruption of communication/information technology capabilities at facilities.
* Activate redundant communication capabilities if necessary.
* Coordinate with local emergency management and service providers to secure priority service restoration to communication/information technology capabilities.
* Coordinate with local emergency management agency/emergency operations centers and CMHPC HMAC to disseminate critical response and continuity operations information.

### Local Health Department

Essential Supporting Activities include:

* Determine local disruption of public health communication/information technology capabilities.
* Activate redundant communication capabilities if necessary.
* Coordinate with local emergency management to secure priority service restoration to communication/information technology capabilities.
* Notify the CMHPC HMAC of any situation reports regarding communication/information technology needs.
* Coordinate with local emergency management agency/emergency operations center and Minnesota Department of Health to disseminate critical response and continuity operations information.

### Local Emergency Management Agency/Emergency Operations Center

Essential Supporting Activities include:

* Coordinate with State Duty Officer/State Emergency Operations Center to request assistance with communication and information technology.
* Provide public messaging via emergency notification systems
* Distribute ARMER radios for cache, as needed
* Facilitate transfer of secure information between agencies using EOC management software system

### CMHPC HMAC

Essential Supporting Activities include:

* Determine extent of disruption of communication/information technology capabilities within coalition boundaries.
* Activate redundant communication capabilities if necessary.
* Coordinate with state health authorities to disseminate critical response and continuity operations information.

## Community/Facility Infrastructure

### Health care Organization

*Essential Supporting Activities* include**:**

* Determine extent of disruption/loss/damage of facility critical infrastructure.
	+ Electrical System
	+ Water System
	+ Ventilation
	+ Fire Protection System
	+ Fuel Sources
	+ Medical Gas & Vacuum Systems
	+ IT/Communication Infrastructure
* Prioritize restoration efforts to meet the operational goals of health care service delivery.
* Disseminate reports of facility critical infrastructure disruption/loss/damage to local emergency management and to state health authorities.
* Notify the CMHPC HMAC of any situation reports regarding facility infrastructure concerns.
* Advocate for priority service resumption directly to local incident management/emergency operations center.

### Local Health Department

*Essential Supporting Activities* include**:**

* Determine local disruption of critical infrastructure that affects public health sector.
	+ Aggregate and disseminate reports of critical infrastructure disruption to local emergency management/EOC and state health authorities.
* Advocate for priority service resumption for public health facilities through continuity operations and recovery phase.
* Activate the public health COOP plan.
	+ Activate procedures to sustain essential services; identification of agency vital records (legal documents, payroll, staff assignments), alternate worksites, scalable work force reduction.
* Notify the CMHPC HMAC of any situation reports regarding community infrastructure concerns.

### Local Emergency Management Agency/Emergency Operations Center

*Essential Supporting Activities* include:

* Establish a process for intake of service requests, include disposition and resolution of service issues.

**CMHPC HMAC** *Essential Supporting Activities* include**:**

* Determine local/region-wide disruption of critical infrastructure that affects the health care system.
* Aggregate reports of critical infrastructure disruption.
* Disseminate reports to Coalition partners, as appropriate.

# Appendices and Resource Links

1. Multi-Year Training and Exercise Plan

The CMHPC provides ongoing training and exercise opportunities for coalition members and partners. A Multi-Year Training and Exercise Plan (MY-TEP) is developed and available to coalition members on the website.

1. Central and West Central Resource Library

A variety of tools, templates, and other emergency preparedness resources can be found on the shared Central/West Central Resource Library website. Information including:

* ASPR/HPP Guidance
* MDH Burn Surge Plan
* Evacuation Tools
* Incident Command Tools
* Long-Term Care facility preparedness tools
* Supply Chain Management

<https://www.cwchealthcarecoalitions.org/resource-library/>

1. Minnesota Mobile Medical Team

The Minnesota Mobile Medical Team (MN-MMT) is a group of volunteer medical and support professionals who have received training and practice in providing acute medical care in a mobile field environment. When a community experiences a tornado, flood, or other incident that temporarily overwhelms its ability to provide health care services, the MN-MMT could deploy to establish a range of clinical services. Information regarding the Minnesota MMT is located at: <https://www.cwchealthcarecoalitions.org/mmmt/>

1. Public Health & Health Care Emergency Preparedness in Minnesota

Additional information regarding Minnesota emergency preparedness for public health and healthcare can be found at: <https://www.health.state.mn.us/about/org/ch/epr/decade.html>

1. Regional Health Care Preparedness Consultants

A description of Health Care Coalitions, including a map showing the boundaries is located on the Minnesota Department of Health (MDH) website at: <https://www.health.state.mn.us/communities/ep/coalitions/index.html>

1. Public Health Preparedness Consultants (PHPC)

A list of MDH public health preparedness consultants (PHPCs) is located on the MDH website: <https://www.health.state.mn.us/about/org/ch/epr/phpc/phpc.pdf>

1. Disaster Mental/Behavioral Health and Emergency Preparedness

A range of mental health and chemical abuse (behavioral health) problems may surface in the early stages of an emergency situation. These may continue to emerge among the public and among professionals who respond to an event. Addressing these concerns improves the emergency response and the health of the whole community. Tools and resources for disaster Mental/Behavioral Health are located at: <https://www.health.state.mn.us/communities/ep/behavioral/index.html>.