**RESPONSE PLAN**

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Central MN Health Care Preparedness Coalition

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# Introduction

Disaster coordination, defined by the National Incident Management System (NIMS), is the process of systematically analyzing a situation, developing relevant information, and informing appropriate command authority of viable alternatives for selection of an effective combination of available resources to meet specific objectives.

## 1.1 Purpose

The CMHPC Response Plan (Response Plan) will guide the operations of the CMHPC using a health care multi-agency coordination (HMAC) group approach. The Response Plan provides general guidance and operational checklists for notification, activation, response, and recovery to all-hazards events that threaten the CMHPC member agencies and/or result in illness or injury to the population within the CMHPC’s boundaries and the health and medical care system.

This document outlines the functions of the CMHPC during a response, and the potential for activation of the health care multi-agency coordination (HMAC) group. Information and resource sharing are the primary response drivers during an incident, that exceeds the capacity and capability of health care systems. The Response Plan is meant to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

## 1.2 Scope

Both the Preparedness and Response Plan are designed as supporting tools and are not meant to replace or interfere with an organization’s emergency operations plans (EOPs), or the jurisdictional command and control authorized by state and local emergency management agencies. This Plan applies to the response team members of the CMHPC when an incident occurs that is beyond the individual organizations’ ability to manage the response. It is limited to agreements and documents signed by the Central Minnesota Health Care Preparedness Coalition (CMHPC) member organizations.

The CMHPC will support public health and medical response and recovery to include, but not limited to:

* Providing regional coordination of planning, training, and exercising for Central Region health and medical entities.
* Providing health and medical situational information to support a regionally coordinated response.
* Facilitating a health care multi-agency coordination (HMAC) group.
* Addressing the appropriate capability targets as defined by Emergency Management, Public Health, and Health care.

The Central Minnesota Health Care Preparedness Coalition has no specific legal authority. Each entity represented in the CMHPC has discipline specific authority and will integrate that authority to support coordination and leverage planning and response within agreements or statutory authority. See the preparedness plan which lists specific authorities.

## 1.3 Situation and Assumptions

The following assumptions apply to the CMHPC Response Plan:

* All responses are local. Local resources are used first, regional resources will be accessed second, state resources third, followed by a federal request as needed. Federal resources may not be available for 72-96 hours (about 4 days). Members will coordinate their needs with jurisdictional EOC who may defer medical needs to the CMHPC.
* Health care organizations will take internal steps to increase patient capacity and implement surge plans before requesting outside assistance.
* Impacted facilities will activate their Emergency Operation Plan (EOP) and staffing of their facility operations center.
* CMHPC members will report status on situational awareness.
* Processes and procedures outlined in the Plan are designed to support and not supplant any member emergency response efforts.
* This document is a supplement to each CMHPC member’s or partner’s Emergency Operations Plan that was developed consistent with the National Incident Management System (NIMS).
* CMHPC members are expected to maintain the capability to manage emergencies independent of support from the CMHPC.
* Communications, information, and resource sharing among CMHPC members or partner agencies during a response will be managed in accordance with existing operating procedures, mutual aid, and other agreements.

## 1.4 Administrative Support

The CMHPC Regional staff are responsible for managing and maintaining the response plan. The initial Response Plan is approved by the coalitions advisory committee. Utilizing lessons learned in responses and training as well as adapting to the Assistant Secretary for Preparedness and Response (ASPR) grant guidelines, any changes to the plan will require approval of the coalition advisory committee. All revisions and changes will be tracked utilizing the table at the end of this document. The plan will be distributed to all members as well as be posted on the coalition website. The review process will be conducted during the first quarter of each grant period.

# Concept of Operations

Minnesota health and medical facilities have a long history of working together, including regional emergency preparedness planning. CMHPC regional planning coordinated the purchase of equipment, joint training and exercises, plan writing, and resource level assessment and acquisition. The CMHPC utilizes a Health Care Multi-Agency Coordination (HMAC) group structure during responses. State and regional health care coalition response coordination occurred for:

* SARS preparedness – 2002
* Operation Northern Comfort (Katrina) – 2005
* Flooding – 2006, 2007, 2008, 2009, 2011, 2016, 2018
* Wadena Tornado - 2010
* H1N1 – 2010
* State Government Shutdown - 2011
* Ebola virus readiness – 2014
* COVID-19 Outbreak - 2020
* Ongoing training, exercising, and workshops

Membership and governance structure of the CMHPC can be found in the CMHPC Preparedness Plan and the Central West Central website at: <https://www.cwchealthcarecoalitions.org/login/>.

## 2.1 Introduction

This document outlines the functions of the Central Minnesota Healthcare Preparedness Coalition (CMHPC) in a response, and the potential for activation of the Healthcare Multi-Agency Coordination (HMAC). The CMHPC provides logistical support for Central Region Hospitals and health care facilities unable to coordinate among themselves, and to integrate with local emergency management, local public health departments, police, emergency medical services, and the Minnesota Department of Health during the response. Activation of the HMAC is event driven. Minor events may only require a Regional Response that can be handled by coalition staff, the Regional Health Care Coordinator, and the Public Health Preparedness Consultant. Larger scale incidents may require more support and complete activation of the HMAC process. This document discusses both the Regional Response and HMAC operations.

## 2.2 Role of the Coalition in Events

The CMHPC HMAC supports the coordination between health care, emergency medical services, public health, emergency management, and other partners for a health-related event or incident to:

* Support incident management ESF-8 priorities with the collaborative effort of multiple agencies.
* Facilitate logistical support, resource-tracking, and victim tracking/family reunification.
* Coordinate critical medical resource allocation decision-making based on recommendations from local Emergency Operation Centers (EOCs), Emergency Medical Services Multiagency Coordination (EMS MAC), CDC, MDH, and other subject matter experts.
* Facilitate information sharing and situational awareness among the CMHPC members by using CMHPC resources as outlined in the activation and operations section of the plan.
* Support health care evacuation activities in collaboration with CMHPC partners.

### 2.2.1 Member Roles and Responsibilities

Each supporting agency has signed a letter of intent stating they agree to facilitate integrated planning, response, and recovery activities critical to an effective response to an event or emergency with public health and medical implications in the Central Region area.

CMHPC members agree to support health and medical response and recovery within the parameters of statutory requirements, jurisdictional Emergency Operations Plans (EOPs), and as outlined in the bylaws, and memorandum of understanding (MOU). The agreements include:

* 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 HMAC coordination.
* Addressing the appropriate capability targets as defined by emergency management, public health, and health care.

#### Emergency Medical Services

Twenty-four emergency medical services (EMS) agencies in the Central Region provide 911 response, treatment, and transportation. EMS agencies use a common incident response plan for consistency of framework and terminology. Each EMS agency has an individual dispatch center for coordinating response. During a major incident, an EMS Multi-Agency Coordination Center (EMS MACC) may be established to support logistical and operational needs with the region. During a health incident, EMS agencies, and/or the Regional EMS Coordinator will consider the need to:

* Notify the RHPC of an incident and/or request the HMAC be activated.
* Communicate situational and resource awareness to the RHPC when requested.
* Coordinate efforts through an EMS MACC.
* Help facilitate the delivery of health and medical services, personnel, and supplies within the region.
* Collaborate with health care 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.
* Participate in a health care multi-agency coordination (HMAC) group if activated.

#### Hospitals

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 contact the Regional Health Care Preparedness Coordinator (RHPC) who can assist with situational awareness and 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 HMAC.
* Respond to any requests made by the CMHPC as outlined by the CMHPC By-laws and Memorandum of Understanding.
* Respond to MNTrac alerts and announcements, including participating in the MNTrac Command Center if requested.
* Communicate with coalition members, local emergency management, and supporting organizations on incident status.
* Participate in health care multi-agency coordination (HMAC) group if activated.

#### Public Health

There are fourteen public health agencies in the Central Region 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 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 a health care multi-agency coordination (HMAC) group if activated.

#### Emergency Management

Every city and county within the fourteen-county Central Region has 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 CMHPC 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 a health care multi-agency coordination (HMAC) group if activated.

#### Other Health and Medical Coalition Members

Long-term care, home health care, hospice, and other centers for Medicare and Medicaid medical service (CMS) providers also provide the health and medical care within the community and Central Region. Every licensed health care organization has federal requirements for disaster planning and are identified in the overall regional health care 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 your facility and the region.
* Support area health care facility’s implementation of their emergency response plans for surge capacity.
* Collaborate with public health and/or health care facilities during the request, receipt, and distribution of the strategic national stockpile (SNS) or other state/federal assets.
* Participate in a health care multi-agency coordination (HMAC) group if activated and requested.

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

### 2.2.2 Coalition Response Organizational Structure

Coordination between Coalition members helps create a common operating picture and provides the architecture to respond effectively and efficiently, often with scarce resources. HMAC coordination can support regional responses prior to requesting state resources. An HMAC will provide a reasonable span of control as information is gathered and response plans are determined. It is understood that the HMAC group:

* Does not supersede municipal, county, or state emergency operation plans.
* Does not supersede facility plans.
* Does not direct local efforts or control local resources.
* Primary function is information and resource sharing.

The mission for the CMHPC HMAC is to provide a:

* Structure for information sharing to provide representational situational awareness.
* Method for coordinating or sharing health-related policy decision-making at each local jurisdiction, to ensure that jurisdictions are aware of regional policies, and to enable consistency of region-wide decision-making.
* Framework for coordination of critical health and medical resource allocation decision-making.

This mission will be fulfilled by receipt of information from and recommendations by local county or municipal emergency operations centers and other coordinating entities such as the Emergency Medical Services Multi-Agency Coordination (EMS-MACC), Minnesota Department of Health (MDH), as well as other responding local and state agencies.

The Federal Emergency Management Agency (FEMA) identifies 15 Emergency Support Functions (ESFs) to provide the structure for coordinating Federal interagency support if needed to an incident. They are mechanisms for grouping functions most frequently used together to provide Federal support to States both for declared disasters and emergencies under the Stafford Act and for non-Stafford Act incidents.

ESF #8 is the Emergency Support Function (ESF) that include public health, medical services (including EMS, hospital, LTC, etc.), mental health services, and mass fatality management. The following links provide additional information regarding the [Robert T. Stafford Disaster Relief and Emergency Assistance Act](file:///G:\CathyHockertProjects\2019MetroRegion%20ResponsePlan\Robert%20T.%20Stafford%20Disaster%20Relief%20and%20Emergency%20Assistance%20Act) and the Federal Emergency Management Agency (FEMA) [Emergency Support Functions](https://www.fema.gov/media-library/assets/documents/25512). The State of MN does not utilize the ESF structure – within HSEM there is a Medical Branch which is activated by HSEM and supported by HSEM.

The schematic below identifies the multiple communication and support efforts that could be involved in supporting a healthcare response. Various agencies have agreed to collaborate their efforts creating a health and medical coalition depicted by the black dotted line. Both emergency management and the Health Care Coalition can reach back to Federal and State partners. The coalition can also support county and local agencies upon request.

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#### Coalition Health Care Multi-Agency Coordination (HMAC) Group Response Assumptions

The HMAC group response structure promotes cooperation and coordination, but recognizes the autonomy, operational authority, and unique characteristics of each jurisdiction (at facility, local, regional, and state levels). All jurisdictions/entities supporting the CMHPC will collaborate in good faith to make decisions that are in the best interest of their facility/agency and region.

##### Planning Assumptions

Coalition members will respond as detailed in their emergency response plans.

Coalition members will coordinate closely to ensure continuation of critical services.

Emergency response will require the participation of many coalition members, and the coordination with multiple communities, governments, health care and first responder agencies.

##### Operational Assumptions

* Timely and accurate information sharing at all phases of a regional incident is necessary for situational response and recovery.
* An incident can happen with little to no notice or may only become apparent over time. Immediate resources to communicate, coordinate, and respond collaboratively are necessary.
* The medical response may overwhelm the health care system without an integrated cooperative response.

## 2.3 Response Operations

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### 2.3.1 Stages of Incident Response

The coalition will function in a decentralized nature during normal day-to-day activities. As an incident or event occurs with potential or actual impact to coalition members, the coalition members may be notified of an advisory, alert, or activated status.

#### Advisory, Alert, or Activation Status

Coalition members should notify others of a potential or current incident when one of the following occur:

* A health care organization evacuation is imminent.
* An evacuation of a geographic location affecting Coalition members.
* There is a critical shortage of medical and/or ancillary personnel

to care for patients (capacity).

* There is a shortage of medical supplies.
* A health care organization is damaged or compromised.
* Critical utility and back-up systems are in use or not operational.
* A local emergency and/or all-hazard incident is occurring.
* A statewide or federal emergency is declared.

#### 2.3.1.1 Incident Recognition

Awareness of an incident occurring may come from a variety of sources including coalition members and/or partners. Coalition members will notify the RHPC through their appropriate committee representative, or directly if the situation warrants. In addition, the coalition member should notify their local emergency manager for situational awareness or if there is a potential need for support. Any impacted coalition member may call to discuss activation of the HMAC. The decision to activate an HMAC should be based on one or more of the following criteria:

* Assistance is required beyond an organization’s current capabilities.
* Multi-jurisdictional impact / outbreak.
* The incident or event will affect two or more coalition members in the region.
* The incident or event will affect coalitions outside of the region.
* Scarce resources may be required in multiple facilities.
* Communication capability is limited.
* The incident or event will last multiple operational periods (more than 12 to 24 hours).
* Activation is requested by another health care coalition or jurisdiction.

#### 2.3.1.2 Activation

Following incident recognition, the HMAC will coordinate to determine the level of activation required from monitoring to a fully staffed response.

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#### *2.3.1.3 Notifications*

Following the determination to activate an HMAC by the RHPC and Coalition representatives, the following activities need to occur:

* The Minnesota Department of Health will be notified.
* Emergency Management in the affected area will be notified.
* The disciplines represented in the HMAC will notify their respective coalition members and partners of notification. For example, the Public Health representatives of the HMAC will notify their respective public health coalition members and partners via their pre-agreed upon plans and methods.
* Neighboring coalitions may need to be notified by the RHPC if the situation has that potential for escalation outside of regional borders or if additional resources or assistance is needed.
* The RHPC will notify all hospitals affiliated clinics and skilled nursing facilities.
* When the HMAC is activated, the initial communication to regional partners and MDH will include HMAC contact information (including but not limited to the phone number and email address).
* The HMAC may use a pre-designed Survey Monkey survey to gather a Situation Report from Coalition members. If this cannot be completed by Survey Monkey, the information will be gathered by phone or email.

See Appendix 3.3 HCC Coordination Job Aids – Position Descriptions

See Appendix 3.4.2 Essential Elements of Information

See Appendix 3.4.2.1 Essential Elements of Information Template

#### 2.3.1.4 Mobilization

The HMAC will mobilize virtually via phone, MNTrac Coordination Room, WebEx, phone, or physically at a pre-identified site if warranted.

* + - 1. Incident Operations

Based on the principles in the Medical Surge Capacity and Capability (MSCC) Management System, the coalition will use a tiered and scalable approach to coordinate with the varied health care organizations in the Central Region, and to align with other response groups in the region operating under the Incident Command System (ICS).

(See [Emergency Management Institute | ICS Fillable Forms (fema.gov)](https://training.fema.gov/icsresource/icsforms.aspx))

When activated, roles and responsibilities will be assigned by the RHPC or others, as necessary.

(See [Incident Action Planning Guide Revision 1 / July 2015 (fema.gov)](https://www.fema.gov/sites/default/files/2020-07/Incident_Action_Planning_Guide_Revision1_august2015.pdf) (Note – the Planning P on page 8)

##### 2.3.1.5.1 Initial Coalition Actions

Each HMAC representative will implement the following procedures to fulfill their functions:

Briefings:

* Identify how and when briefings are held
* Gather information and provide current situation update, probable future situation report
* Describe current issues
* Introduce new issues
* Address questions and offer clarification

Decisions***:***

* Review criteria to establish priorities
* Prioritize incidents, if necessary
* Support allocation of regional Health and Medical resources, if necessary
* Notify involved agencies and facilities if a Joint Information Center is opened in the region
* Consider implementation strategies for resource and information requests
* Identify and determine operational period

HMAC Documentation:

* Develop and communicate an HMAC Incident Action Plan for each operational period
* Meeting notes and decisions will be recorded and communicated to appropriate staff and external partners
* Decisions requiring financial commitments (including staff time) will be recorded
* Situational reports will be compiled as needed
* ICS Forms will be used as needed

##### 2.3.1.5.2 Ongoing Coalition Actions

During the incident response, the HMAC will continue to gain situational awareness and respond to requests for support. If the HMAC is open for an extended period, the RHPC may request the support of non-impacted coalition members to fulfill roles within the HMAC. This request would be made utilizing the resource request process.

##### 2.3.1.5.3 Information Sharing

Based on the scope and scale of the incident, appropriate essential elements of information will be collected from local, regional, and state partners to support the response needs. This section describes information sharing that will take place between Health Care Multi-Agency Coordination group (HMAC) before, during and after an incident. The HMAC has developed reportable conditions to be provided to the RHPC. The RHPC, as well as the HMAC, if activated, will aggregate individual coalition member information, and provide status reports to the MDH and other jurisdictional partners as needed to facilitate regional and /or statewide response decisions. In turn, if MDH or jurisdictional partners need additional information from coalition member organizations they may request HMAC to gather that information of members either through email, phone, conference call, meeting, or any other source.

Information Access and Data Protection

Information access is limited to coalition members and additional stakeholders, as necessary. Coalition documents and plans are For Official Use Only (FOUO) and contain no Protected Health Information (PHI). Systems used by the coalition members include privacy procedures, access limitations and protection of data created within for the unlikely event exchange of sensitive information is required.

##### 2.3.1.5.4 Resource Coordination

Refer to Appendix 3.5.6 Regional Resource Allocation Plan and Appendix 3.5.6.2 Resource Request form for the process the coalition will use to coordinate the sharing or acquisition of resources before and during a response. Appendix 3.5.6.1 Regional Cache documentation shares a list of the items currently contained within the regional cache.

During times of scarce resources, medical surge, and/or evacuation measures, there may be situations where resource sharing/acquisitions may be coordinated through the Coalition. The Coalition maintains a regional cache of health care supplies that may be needed to supplement the resources available for Coalition members. The Coalition is responsible for maintaining, monitoring, allocation, and distribution control of all the inventory items in the cache as well as the acquisition and disposal of equipment.

Identification of Needs

The Health Care Multi-Agency Coordination group (HMAC) will coordinate to support the coalition for the following:

* Identify available health care resources from accessible caches and through appropriate request process
* Identify mutual aid processes for health care resources
* Consult on issues relating to over allocated resources
* Identify assets that the coalition has the authority to allocate
* Identify regional mobile medical assets and caches of medical equipment and supplies
* Implement processes to identify and utilize trained, credentialed staff to assist with patient care or other duties during surge operations

Resource Management Implementation

* Coordinate assistance for resources from locally available caches when requested and available
* Assist coalition members with implementation of mutual aid processes upon request
* Allocate locally controlled assets through the coalition
* Assist local, state, and Federal incident management with coordination of resource requests from coalition members, as requested
* Utilize alternate sources of resources (e.g., emergency supply chains and private vendor support for critical resources such as equipment, supplies, space, or other resource) if requested and available

Managing and Resupplying Coalition Resource Cache

* Implement the processes to track, record, and effectively inventory available resources for health care organization use during emergency operations
* Coordinate with the appropriate agencies for the resupply of specific caches (e.g., Strategic National Stockpile)
* Implement the processes for the rapid resupply of depleted resources if, and when available
* Implement the processes to replace outdated supplies
* Consult on the financial processes for the reimbursement of depleted resources based on the type of incident (e.g., emergency declaration) or through routine processes

Coordination with Public Health Partners

To request support services, guidance and/or resources for public health related emergencies, the RHPC will communicate with the public health regional consultant and local public health representatives on the following elements:

* Surveillance services
* Epidemiological investigation
* Public health laboratory services
* Guidance on prevention measures for injury, infectious disease, and other major health threats during an incident
* Alternate care sites, as needed

##### 2.3.1.5.5 Patient Tracking

Minnesota system for tracking resources, alerts, and communications (MNTrac), is the statewide system, used on a regular basis by hospital, EMS, and long-term care facilities. Central Region hospitals update the system frequently during mass casualty situations, and Long-Term Care facilities update monthly.

The purpose of the system is to provide situational awareness to assist hospitals, the Regional Health care Preparedness Coordinator (RHPC), EMS, Public Health, and others for:

* Regional notifications, alerts, and incident communications
* Availability of beds and services, including isolation beds and Alternative Care Facilities (ACF)
* Determining availability of critical equipment and supplies, including, ventilators, antidotes, decontamination units and personal protective equipment (PPE) etc.
* Movement of patients/residents
* Coordination of EMS

#### 2.3.1.6 Demobilization

As the response ends, the HMAC, in collaboration with supported organizations, and MDH, if activated, will determine the need to demobilize the HMAC. Demobilization may occur all at once, or in a tiered fashion as certain functions/organizations return to normal operations. Intentions to demobilize should be communicated to all applicable stakeholders. Notification of demobilization may occur via MNTrac or email.

The HMAC members, in collaboration with partners, should consider the following criteria when determining the need to demobilize the HMAC:

* Projected end of an outbreak
* Ability to provide inpatient care without surge activities
* Ability to provide emergency services without surge activities
* Ability to provide emergency services without mutual aid (EMS)
* Resumption of normal operations is imminent/completed

Planning for demobilization shall be considered throughout the HMAC activation period. All paperwork created in the response process will be collected, collated, and reviewed for inclusion in the After-Action Review (AAR). Copies of paperwork that identify any expenses incurred, such as resource allocation, time sheets, and receipts, will be shared with the local emergency manager in the effected county (if the local EOC is activated). All paperwork collected will be scanned and saved in an electronic file labelled for the event.

An after-action review will be conducted to identify what went well and opportunities for improvement. The HMAC staff will create a survey monkey survey to gather feedback from all participants and incorporate the data collected in the regional AAR. At the organization level, participants in the activity will complete an individual evaluation and submit same to the organization emergency preparedness representative. The facilitator will compile the information obtained from the individual participants and submit a report via SurveyMonkey and be prepared to discuss the same during the face-to-face or regional conference call After-Action meeting. Organizations impacted are asked to create their own organization-based AAR and provide a copy to the region.

#### 2.3.1.7 Recover/Return to Pre-disaster State

The coalition must work together to restore the regional health care delivery system quickly to meet the needs of the public. Individual health care facilities are required to have an emergency operation plan with the inclusion of a continuity of operations plan.

The role of the coalition depends on the size and scope of the disaster. The coalition may:

• Facilitate communication with regional and state partners

• Work with local emergency management officials, as necessary

• Aid in the regional patient tracking process

## 2.4 Continuity of Operations

The ability of the coalition to support its’ members in a response relies on the availability of coalition staff as well as the involvement of members supporting the coalitions’ activities. Processes in place to support the continuity for the coalition HMAC include:

* Regional Health care Response Team
* Redundant communications
* Coalition to coalition relationships
* Administrative and financial support
* Alignment between coalition and individual organization plans

(See the CMHPC Preparedness Plan – Appendix 5.5 Continuity of Operations Plan)

### Redundant communications

As discussed in the communications plan, the coalition can utilize multiple forms of communications. The primary means of communications during a response will be the MNTrac system, however, if MNTrac is unavailable, the coalition may use WebEx or other communication software. To obtain bed availability or situational awareness, the coalition can use SurveyMonkey in the absence of MNTrac.

Redundant radio communications include 800 MHz, VHF/UHF, and Ham Radio. Depending on the situation, talk groups or channels will be assigned and communicated to membership via MNTrac, email, or direct phone calls.

(See Appendix 3.5.5 Regional Communications Plan)

### Coalition to coalition relationships

The CMHPC works closely with its other Health care Coalition partners. This relationship allows for sharing of resources, personnel, and information. In a response, if the HMAC is activated, the RHPC can immediately notify other RHPCs of the activation and request any support needed.

The development of working relationships with other coalitions ensures that in a response, if the incident exceeds the capacity of the coalition or if it has the potential to impact any other region, the RHPC can contact peers in other regions. This includes asking the peer to, at a minimum, be a liaison between coalitions, support MNTrac use, and communicate with Minnesota Department of Health. Coalition peers have access to the MNTrac contacts which would help facilitate the availability of the peer RHPC to support the region in a response.

(See Appendix 3.5.5.1 Inter-Regional Communications Guideline)

The Minnesota Healthcare Coalition Collaborative (MNHCC) was formed during the COVID-19 response to facilitate cross-regional communications and processes.

The development of the response arm of the MNHCC Statewide Healthcare Coalition Coordination Center (SHCC) allows larger scale coordination between the coalitions and the State.

### Alignment between coalition and individual facility level plans

Coalition members have access to both the coalition Response plan and the Preparedness plan. These plans are housed on the coalition website and in MNTrac Document Hub. The coalition senior advisory committee approves all coalition plans. This process allows for facility level plans to align with the coalition plans to ensure a smoother response and greater awareness of the roles and responsibilities of all entities

Refer to the CMHPC Preparedness Plan - Continuity of Operations Plan for a more detailed description and breakdown of the continuity responsibilities of coalition members.

# Appendices/Links

Central Minnesota Health Care Preparedness Coalition plans, appendices, and resources are meant to provide guidance to members of the Central Minnesota Health Care Preparedness Coalition members. As with other component of the plans, the documentation is intended as guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

3.1 Contact informationContact information is maintained on the coalition website

3.2 Hazard Vulnerability Analysis

Refer to the Coalition Preparedness Plan

### 3.3 HCC Coordination Job Aids/Position Descriptions

[Emergency Management Institute | ICS Fillable Forms (fema.gov)](https://training.fema.gov/icsresource/icsforms.aspx)

### 3.4 Applicable Report and Status Forms, Supply Lists etc.

#### 3.4.1 [Incident Action Planning Guide Revision 1 / July 2015 (fema.gov)](https://www.fema.gov/sites/default/files/2020-07/Incident_Action_Planning_Guide_Revision1_august2015.pdf)

#### 3.4.2 Essential Elements of Information

##### 3.4.2.1 Essential Elements of Information Template

### 3.5 Scenario Specific Considerations

#### 3.5.1 Medical Surge Coordination

##### 3.5.1.1 CMHPC Regional Burn Surge Plan

##### 3.5.1.2 CMHPC Regional Pediatric Surge Plan

##### 3.5.1.3 Mass Fatality Planning

##### 3.5.1.4 Crisis Standards of Care

##### 3.5.1.5 Regional Infectious Disease Plan

#### 3.5.2 Public Information – Pending

#### 3.5.3 Disaster Behavioral Health – Pending

#### 3.5.4 Coalition Communications Plan

##### 3.5.4.1 Inter-regional Communications Guideline

#### 3.5.5 Regional Resource Allocation Plan

##### 3.5.5.1 Regional Cache documentation

##### 3.5.5.2 Resource Request

#### 3.5.6 Handling of Solid Waste Contaminated with a Category ‘A’ Infectious Waste

#### 3.5.7 MN Responds Volunteer Workforce Plan

# Approvals and Revisions

This plan is reviewed annually and updated, as necessary. All changes will be voted upon by the Advisory Committee. Any revisions will be noted within this table.

|  |  |
| --- | --- |
| **Purpose/Changes** | **Date** |
| Created Response plan | May 2018 |
| Updated to include Patient Tracking | June 2019 |
| Updated to include SHCC/restructured flow/appendixes to improve flow | June 2020 |
| Updated to include information related to COVID response and incorporate lessons learned into the plan. | August 2021 |
| Updated to align with ASPR Response Plan template | May 2022 |
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