**Central Minnesota Healthcare Preparedness Coalition**

****

**Regional All Hazards Plan**

**2021**

**THIS PAGE INTENTIONALLY LEFT BANK**

**All Hazards Plan – Directory of Components**

**All Hazards Plan**

**Appendix A: CMHPC Contact Lists**

**Appendix B: CMHPC By-Laws**

**Appendix C: CMHPC MOU**

**Appendix D: CMHPC HVA**

**Appendix E: CMHPC Resource Request and Allocation Process**

**Appendix F: CMHPC Regional Cache/Inventory**

**Appendix G: Essential Elements of Information**

**Appendix H: HICS Forms**

**Appendix I: CMHPC Behavioral Health SOG**

**Chapter 1: CMHPC Regional Coordination Plan (MAC Plan)**

**Chapter 2: CMHPC Communication Plan**

**Chapter 3: CMHPC Medical Surge Plan**

**Chapter 4: CMHPC Fatality Management Plan**

**Chapter 5: CMHPC Access and Functional Needs Plan**

**Chapter 6: CMHPC Continuity of Operations Plan**

**Chapter 7: Health Care Preparedness Capabilities**

**THIS PAGE INTENTIONALLY LEFT BLANK**

Table of Contents

[**I.** **Introduction** 6](#_Toc19523498)

[**II.** **Purpose** 6](#_Toc19523499)

[A. Planning Assumptions 7](#_Toc19523500)

[B. How to use the CMHPC All Hazards Plan 7](#_Toc19523501)

[**III.** **Overview of Regional Planning Efforts** 8](#_Toc19523502)

[A. Coalition Definition 8](#_Toc19523503)

[B. Coalition Mission Statement 8](#_Toc19523504)

[C. Coalition Geographical Area 9](#_Toc19523505)

[D. Coalition Governance 9](#_Toc19523506)

[E. Cross-Border Planning Considerations 9](#_Toc19523507)

[**IV.** **Role of Regional Healthcare Preparedness Coordinators** 10](#_Toc19523508)

[A. Planning and Coordination 10](#_Toc19523509)

[B. Response 10](#_Toc19523510)

[C. Recovery 10](#_Toc19523511)

[**V.** **Emergency Operations Coordination** 11](#_Toc19523512)

[A. Notification and Activation of RHPC and HMAC 11](#_Toc19523513)

[B. Resource Request and Allocation Process 11](#_Toc19523514)

[**VI.** **Ownership and Review Schedule** 11](#_Toc19523515)

[**VII.** **Glossary and Acronyms** 12](#_Toc19523516)

[**Attachment A: Coalition Demographics and Map** 13](#_Toc19523517)

1. **Introduction**

The State of Minnesota is susceptible to natural as well as man-made disasters that could have a direct impact on the state’s health care resources. Situations could occur that create a surge of patients or may present patients that require specialized medical treatment that exceeds the existing facilities ability and/or resources (e.g. hazmat events, trauma surgery, burn treatment). Events could negatively impact the structure of the facility requiring full or partial evacuation and disruption of services.

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) provides funding to support the development of coalitions to bring together health care facilities, local public health, emergency medical services, and emergency management. The funding is provided to the State of Minnesota Department of Health (MDH) Office of Emergency Preparedness and Response (EPR) and further disseminated amongst eight coalitions within the state. ASPR provide Health Care Preparedness and Response capabilities which will:

1. Help patients receive the care they need at the right place, at the right time, and with the right resources, during emergencies.

2. Decrease deaths, injuries, and illnesses resulting from emergencies.

3. Promote health care delivery system resilience in the aftermath of emergencies

1. **Coalition Purpose**

The Central Minnesota Healthcare Preparedness Coalition (CMHPC) has established a comprehensive regional approach to health preparedness and medical response that relies on the coordination of healthcare organizations and other essential partners. This document provides:

1. The framework for medical preparedness, response, and recovery activities in Central Minnesota.
2. A clear operating picture CMHPC Members and Partners.
3. An operational response protocol for the Regional Healthcare Preparedness Coordinator (RHPC) and Public Health Preparedness Coordinator (PHPC).
4. During times of disaster that may have regional implications, determine a strategy for ongoing coordination of planning, response, and recovery.
5. Monitor, review, and implement improvements consistent with national and statewide capabilities and performance measures.
6. Promote strategies to strengthen and sustain the Health care coalition including:
7. Develop and maintain guidelines, participation rules and responsibilities of partner members within the Health Care Preparedness Coalition.
8. Plan for the sustainment of the Health Care Preparedness Coalition.
9. Promote preparedness in the health care community through standardized practices and integration with other response partners.
10. Foster communication, information and resource sharing between local, regional, and state entities during emergency planning and response.
11. Identify health care assets needed and available during a response.
12. Recognize gaps in the health care community’s ability to effectively respond to an incident through exercises and training.

This plan does not replace or interfere with organizational emergency operations plans (EOP) or jurisdictional plans for official command and control authorized by state and local emergency management agencies.

1. Planning Assumptions

The following assumptions were used to develop this plan.

1. All events should be managed at the most local level possible.
2. Planning and response should be flexible, scalable and adaptable.
3. This plan does not cover isolation or quarantine because isolation and quarantine are not medical surge conditions; they are public health containment measures used to combat communicable diseases which may occur in single, cluster or larger patient quantities.
4. This document is a supplement to each CMHPC Member’s and Partner’s Emergency Operations Plans (EOP). Coalition members should develop an internal EOP that includes based on the principles of the National Incident Management System (NIMS).
5. CMHPC partner hospitals are expected to maintain the capability to manage emergencies, independent of support from the CMHPC.
6. Resource sharing amongst CMHPC partners during a response will be managed in accordance with operating agreements, mutual aid agreements, etc.
7. How to use the CMHPC All Hazards Plan
   1. The Introduction provides an overview of the CMHPC planning efforts.
   2. The Appendices are documents that give more details to the Introduction.
   3. Chapter 1: CMHPC Regional Coordination Plan is the guiding document for a regional response.
   4. Additional Chapters provide incident specific guidelines and considerations.



1. **Overview of Regional Planning Efforts**
   1. Coalition Definition

A Healthcare Coalition is defined by the Office of the Assistant Secretary for Preparedness and Response (ASPR) as a formal collaboration among healthcare organizations and public and private-sector partners that is organized to prepare for, and respond to, an emergency, mass casualty or catastrophic health event. The Healthcare Coalition can act as a multi-agency coordinating group that assists emergency management with activities related to healthcare organization disaster operations. Although the Healthcare Coalition does not hold a command and control function, the Healthcare Coalition does play a role in mitigation, preparedness, response and recovery.

* 1. Coalition Mission Statement

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

See Appendix B: CMHPC Bylaws

1. Coalition Geographical Area

The Central Region is primarily an agriculture, industrial and lakes/tourist area. The CMHPC includes the following counties:

* 1. Benton
  2. Cass
  3. Chisago
  4. Crow Wing
  5. Isanti
  6. Kanabec
  7. Mille Lacs
  8. Mille Lacs Band of Ojibwe
  9. Morrison
  10. Pine
  11. Sherburne
  12. Stearns
  13. Todd
  14. Wadena
  15. Wright

Attachment A: CMHPC Map and Demographics

1. Coalition Governance

The CMHPC is chaired by the RHPC and includes representatives from Hospitals, Emergency Medical Services (EMS), Emergency Management, Public Health (local and state), Long Term Care, and Tribal Government. Additional partners in the CMHPC may include response and community members.

Appendix A: CMHPC Contact List

Appendix B: CMHPC Bylaws

Appendix C: CMHPC MOU

1. Cross-Border Planning Considerations

Recognizing that hazards are not limited to geographical boundaries it is important that the coalition also engages in planning and preparation with other preparedness partners. The CMHPC has relationships with other healthcare coalitions within the State of Minnesota and with the State of Wisconsin through the Minnesota Department of Health.

1. **Role of Regional Healthcare Preparedness Coordinators**
2. Planning and Coordination

The Regional Healthcare Preparedness Coordinators (RHPCs) support the Coalition’s planning and coordination mission. RHPCs will:

1. Facilitate and organize planning, training and exercises for the CMHPC. Refer to the Multi-Year Training and Exercise Plan (MYTEP).
2. Provide access to training opportunities. Refer to the Multi-Year Training and Exercise Plan (MYTEP).
3. Provide for a process to assess risks and hazards within the CMHPC. See Appendix D: CMHPC HVA.
4. Facilitate information sharing. See Chapter 1: CMHPC Regional Coordination Plan and Chapter 2: CMHPC Communications Plan
5. Promote efficient interface of CMHPC partners with jurisdictional authorities.
6. Provide a platform for networking with preparedness and response partners across the state.
7. Response

Based on 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. Functions of the HMAC can include:

* + 1. Promote situational awareness and information sharing.
    2. Coordinate incident response actions among healthcare organizations and support incident management policies and priorities.
    3. Assist with coordination of patient transfers during a disaster.
    4. Interface with other healthcare organizations and jurisdictional partners.
    5. Support resource requests and receipt of assistance from local, Regional, State, and Federal authorities.

Chapter 1: CMHPC Regional Coordination Plan

Chapter 2: CMHPC Communications Plan

1. Recovery

Recovery will begin at the same time as the response phase and will continue until the event is over and systems and people return to normal. Assessment and evaluation of the residual effects of the event, the effectiveness of the response and the need for ongoing monitoring and intervention may continue for weeks, months or years, depending on the event. During the post recovery phase, the response and recovery to the health and medical emergency will be evaluated and documented using an After-Action Report and Improvement Plan (AAR/IP). Lessons learned will result in modifications to plans and protocols.

1. **Emergency Operations Coordination**
   1. Notification and Activation of RHPC and HMAC
      1. When an event happens that impacts a CMHPC member, the facility will call the local Emergency Manager (EM). EM will respond to the request based on their plans.
      2. The facility will also call the RHPC to inform them of the event. Based on the event, the RHPC will evaluate the resource request/needs and will collaborate with the requesting entity.

Chapter 1: CMHPC Regional Coordination Plan

* 1. Resource Request and Allocation Process

The process for requests of transfer of personnel, transfer of pharmaceuticals, supplies or equipment is described in Appendix C: CMHPC MOU, Appendix E: CMHPC Resource Request and Allocation Process, and Appendix F: CMHPC Regional Cache.

1. **Ownership and Review Schedule**

The CMHPC All Hazards Plan will be reviewed by RHPCs at least annually. Changes will be approved by the Coalition.

|  |  |
| --- | --- |
| DATE: | REVIEWED BY: |
| Update bylaws to reflect mission statement and current organizational structure | December 2015 |
| Updated bylaws to include the mutual aid memorandum of understanding | June 2017 |
| Update bylaw signatory page by deleting the words “connected” and “connect” and replaced with “collaborate and associated.” | July 2017 |
| Update bylaw to remove the memorandum of understanding and to include verbiage about the voting entities. | Sept 2017 |
| Update bylaws to reflect mission statement and current organizational structure | December 2017 |
| Updated TOC and Demographics | September 2019 |

1. **Glossary and Acronyms**

|  |  |
| --- | --- |
| ACRONYM | DEFINITION |
| ASPR | Assistant Secretary of Preparedness and Response |
| CMHPC | Central Minnesota Healthcare Preparedness Coalition |
| EM | Emergency Management/Manager |
| EMS | Emergency Medical Services |
| EOP | Emergency Operations Plan |
| HVA | Hazard Vulnerability Analysis |
| MOU | Memorandum of Understanding |
| NIMS | National Incident Management Systems |
| PHPC | Public Health Preparedness Consultant |
| RHPC | Regional Healthcare Preparedness Coordinator |

# **Attachment A: Coalition Demographics and Map**

Regional Characteristics: The Central Region is primarily an agriculture, industrial and lakes/tourist area.

Boundaries:

Other states: Wisconsin

Other regions: Northwest, Northeast, Southwest, South Central, Metro

Size: 6763 square miles

Base Data:

Benton: 2019 estimated population 40,899

Persons under 5 7.1%

Persons under 18 25.4%

Persons 65 and over 14.3%

Median Household Income $57,715

Population Density 94.2

(Persons per square mile)

Size (square miles) 408.30

Number of Households 16,452

Language other than English spoken at home 4.9%

Persons in poverty 8.6%

Persons with disability under 65 8.0%

Cass: 2019 estimated population 29,799

Persons under 5 5.1%

Persons under 18 20.8%

Persons 65 and over 26.5%

Population Density 14.1

(Persons per square mile)

Size (square miles) 2,021.54

Number of Households 13,164

Median Household Income $52,204

Language other than English spoken at home 3.4%

Persons in poverty 15.1%

Persons with disability under 65 11.4%

Crow Wing: 2019 estimated population 65,055

Persons under 5 5.4%

Persons under 18 21.3%

Persons 65 and over 23.0%

Population Density 62.6

(Persons per square mile)

Size (square miles) 999.10

Number of Households 26,820

Median Household Income $56,549

Language other than English spoken at home 2.0%

Persons in poverty 10.5%

Persons with disability under 65 9.3%

Chisago: 2019 estimated population 56,579

Persons under 5 5.9%

Persons under 18 22.7%

Persons 65 and over 15.8%

Population Density 129.9

(Persons per square mile)

Size (square miles) 414.86

Number of Households 20,242

Median Household Income $83,464

Language other than English spoken at home 3.0%

Persons in poverty 6.2%

Persons with disability under 65 7.9%

Isanti: 2019 estimated population 40,596

Persons under 5 6.0%

Persons under 18 23.5%

Persons 65 and over 16.6%

Population Density 86.8

(Persons per square mile)

Size (square miles) 435.79

Number of Households 14,903

Median Household Income $74,616

Language other than English spoken at home 3.0%

Persons in poverty 6.9%

Persons with disability under 65 8.7%

Kanabec: 2019 estimated population 16,337

Persons under 5 5.7%

Persons under 18 21.4%

Persons 65 and over 20.9%

Population Density 31.1

(Persons per square mile)

Size (square miles) 521.59

Number of Households 6,439

Median Household Income $57,163

Language other than English spoken at home 2.8%

Persons in poverty 10.1%

Persons with disability under 65 12.5%

Mille Lacs: 2018 estimated population 26,277

Persons under 5 6.3%

Persons under 18 23.7%

Persons 65 and over 18.6%

Population Density 45.6

(Persons per square mile)

Size (square miles) 572.31

Number of Households 10,249

Median Household Income $56,135

Language other than English spoken at home 3.1%

Persons in poverty 11.4%

Persons with disability under 65 11.1%

Morrison: 2019 estimated population 33,386

Persons under 5 5.9%

Persons under 18 23.2%

Persons 65 and over 20.0%

Number of Households 13,371

Population Density 29.5

(Persons per square mile)

Size (square miles) 1,125.06

Median Household Income $57,815

Language other than English spoken at home 2.7%

Persons in poverty 8.9%

Persons with disability under 65 7.8%

Pine: 2019 estimated population 29,579

Persons under 5 4.6%

Persons under 18 19.2%

Persons 65 and over 21.5%

Number of Households 10,760

Population Density 21.1

(Persons per square mile)

Size (square miles) 1,411.29

Median Household Income $53,422

Language other than English spoken at home 4.5%

Persons in poverty 11.6%

Persons with disability under 65 12.9%

Sherburne: 2019 estimated population 97,238

Persons under 5 6.8%

Persons under 18 26.2%

Persons 65 and over 11.7%

Number of Households 32,206

Population Density 204.4

(Persons per square mile)

Size (square miles) 432.92

Median Household Income $89,250

Language other than English spoken at home 4.9%

Persons in poverty 5.5%

Persons with disability under 65 6.5%

Stearns: 2019 estimated population 161,075

Persons under 5 6.5%

Persons under 18 23.2%

Persons 65 and over 15.5%

Number of Households 59,479

Population Density 112.2

(Persons per square mile)

Size (square miles) 1343.13

Median Household Income $62,789

Language other than English spoken at home 9.8%

Persons in poverty 11.2%

Persons with disability under 65 7.2%

Todd: 2019 estimated population 24,664

Persons under 5 6.7%

Persons under 18 23.9%

Persons 65 and over 22.1%

Number of Households 9,819

Population Density 26.3

(Persons per square mile)

Size (square miles) 944.98

Median Household Income $53,585

Language other than English spoken at home 10.5%

Persons in poverty 11.8%

Persons with disability under 65 9.2%

Wadena: 2019 estimated population 13,682

Persons under 5 6.8%

Persons under 18 25.9%

Persons 65 and over 21.3%

Number of Households 5,666

Population Density 25.8

(Persons per square mile)

Size (square miles) 536.27

Median Household Income $46,605

Language other than English spoken at home 3.3%

Persons in poverty 12.5%

Persons with disability under 65 12.2%

Wright: 2019 estimated population 138,377

Persons under 5 6.8%

Persons under 18 27.7%

Persons 65 and over 13.0%

Number of Households 48,242

Population Density 188.5

(Persons per square mile)

Size (square miles) 661.46

Median Household Income $84,974

Language other than English spoken at home 4.1%

Persons in poverty 5.2%

Persons with disability under 65 6.3%

Population:

Total residents 773,543 (up 7,818)

Total households 287,812 (up 5,620)

*Based on data collected from the United States Census Bureau (www.census.gov/quickfacts/MN) information updated 5/27/21*

Government Jurisdictions:

**Population Data:**

**Table

Description automatically generated**

*Based on data collected from the United States Census Bureau (www.census.gov/quickfacts/MN) information updated 5/27/21*

**Health:**

|  |  |  |  |
| --- | --- | --- | --- |
| **County** | [**Percent Uninsured (2017 estimates)**](https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml) | | **Durable Medical Equipment TBD** |
| **Under 6** | **6-18 years** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Benton** | **3.7%** | **3.4%** |  |
| **Cass** | **5.5%** | **7.7%** |  |
| **Chisago** | **2.6%** | **2.9%** |  |
| **Crow Wing** | **5.2%** | **3.1%** |  |
| **Isanti** | **2.7%** | **3.4%** |  |
| **Kanabec** | **6.7%** | **5.7%** |  |
| **Mille Lacs** | **6.5%** | **4.4%** |  |
| **Morrison** | **3.3%** | **3.2%** |  |
| **Pine** | **6.2%** | **5.8%** |  |
| **Sherburne** | **2.1%** | **1.4%** |  |
| **Stearns** | **3.0%** | **2.9%** |  |
| **Todd** | **17.6%** | **13.6%** |  |
| **Wadena** | **3.6%** | **5.1%** |  |
| **Wright** | **3.1%** | **1.9%** |  |

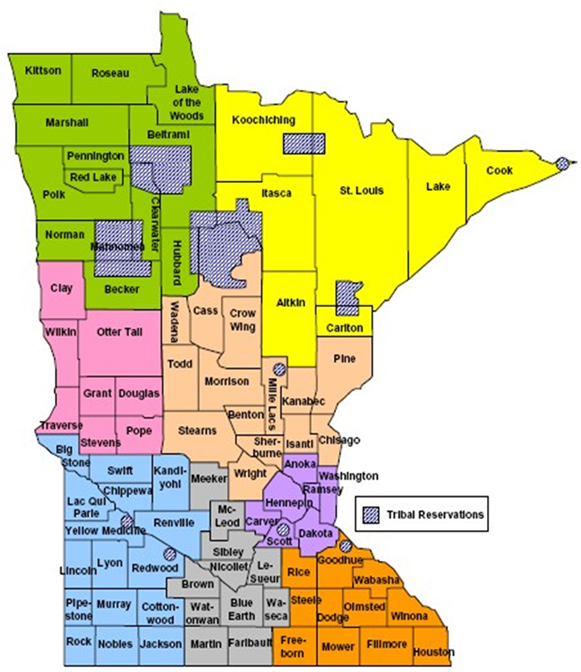
**Education:**





|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **County** | **Disabilities (2017 estimates)** | | | | | | | | |
| All 2017 estimates | | **Hearing Difficulty** | | **Vision Difficulty** | | **Cognitive Difficulty** | **Ambulatory Difficulty** | **Self-Care Difficulty** |
| **Under 5 years** | **5-17 years** | **Under 5 years** | **5-17 years** | **Under 5 years** | **5-17 years** | **Under 18** | **Under 18** | **Under 18** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Benton | 21 | 508 | 19 | 42 | 2 | 94 | 428 | 40 | 94 |
| Cass | 50 | 290 | 37 | 37 | 17 | 28 | 220 | 19 | 45 |
| Chisago | 48 | 411 | 41 | 44 | 7 | 61 | 301 | 60 | 149 |
| Crow Wing | 69 | 569 | 68 | 54 | 51 | 56 | 512 | 38 | 97 |
| Isanti | 47 | 448 | 47 | 52 | - | 33 | 378 | 18 | 105 |
| Kanabec | 5 | 265 | - | 30 | 5 | 37 | 220 | 18 | 42 |
| Mille Lacs | 53 | 344 | 12 | 13 | 41 | 13 | 302 | 30 | 95 |
| Morrison | 3 | 372 | 3 | 32 | - | 21 | 315 | 91 | 110 |
| Pine | 17 | 248 | 1 | 22 | 16 | 30 | 204 | 8 | 42 |
| Sherburne | 134 | 989 | 91 | 139 | 107 | 105 | 601 | 56 | 224 |
| Stearns | 64 | 1,287 | 25 | 143 | 53 | 189 | 958 | 117 | 258 |
| Todd | 23 | 204 | 10 | 20 | 13 | 43 | 170 | 36 | 53 |
| Wadena | 8 | 221 | - | 17 | 8 | 86 | 170 | 71 | 79 |
| Wright | 72 | 1,216 | 72 | 154 | - | 90 | 1,021 | 147 | 388 |
| **Totals** | **614** | **7,372** | **426** | **799** | **320** | **886** | **5,800** | **749** | **1,781** |



Central

Region